



## Accommodation Booking Form

### WLCG Lisbon 2016 from 31 January till 4 February

Please complete this form until **31th August 2015** and send it to our Hotel by mail [conf.villarica@viphotels.com](mailto:conf.villarica@viphotels.com) or  
Fax number: 00 351 21 043 50 05

#### Guest Information:

Prefix (Prof/ Dr/ Mr/ Mrs/ Ms) \_\_\_\_\_ Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Passport n° \_\_\_\_\_ Issue Date \_\_\_\_\_ Expire Date \_\_\_\_\_

Address \_\_\_\_\_

ZIP Code \_\_\_\_\_ City \_\_\_\_\_ Country \_\_\_\_\_ Tel. \_\_\_\_\_

Fax \_\_\_\_\_ Mobile \_\_\_\_\_ Email \_\_\_\_\_

Company / Organization (if applicable) \_\_\_\_\_

Number of people that shares your bedroom \_\_\_\_\_

#### Reservation Details\*:

Arrival Date: \_\_\_/\_\_\_/\_\_\_ Departure Date: \_\_\_/\_\_\_/\_\_\_ N° Nights: \_\_\_

Type of Room\*:            Single (67 €) \_\_\_\_\_            Non-Smoking \_\_\_\_\_  
   Double (77€) \_\_\_\_\_

The above accommodation rates are inclusive of breakfast and legal taxes.

Special Requirements: \_\_\_\_\_

#### Credit Card Details:

Name as it appears on the credit card:						
Card type:	Visa	MC	Amex	Diners/CB	Discover	JCB
Account type:	Individual (personal credit card)					
_____/_____/_____	Corporate	Company Name:				
Card number:					Exp. Date:	
Cardholder's Signature:						Security nr°

#### \*Reservations and cancellation policy:

- a) The reservation should be received before **31 December 2015**.
- b) Cancellations from **25<sup>th</sup> January 2016**: 100% of the total bedroom price will be charged into individual's credit card.
- c) All no-shows will be charged to your credit card for all room nights booked.

Date \_\_\_/\_\_\_/\_\_\_\_

Signature \_\_\_\_\_