



BOOKING FORM - PLEASE FILL AND ADDRESS TO:

SALES CENTRE / FAX: +351.21.7962130 / TELEF: +351.21.0046046

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SUBJECT: " T.IM.E " – 11/15 October 2017

GUEST NAME: _____

MY FAX NUMBER: _____

MY TEL. NUMBER: _____

MY E-MAIL ADDRESS: _____

Dear Sirs,

I would like to confirm ____ Single ____ Double room at **HOLIDAY INN LISBOA.**

Arrival ____/____/____

Departure ____/____/____

- **SINGLE BB : 98 €**
- **DOUBLE BB : 108 €**

A rate per room, per night, includes Buffet Breakfast, Wifi Internet and VAT.

"A tourist city tax for visitors is applied since 01 January 2016; Lisbon's City Hall charges a tax for each overnight stay in the capital, up to seven nights - 1€ per person and per night up to 7€ maximum."

CREDIT CARD DETAILS:

AMEX Dinners Master Card Visa Other _____

Credit Card holder's name: _____

Credit Card Number: _____

Expiration Date: ____/____/____ CCVC Code: _____

Cardholder's Signature _____
(same signature as stated on credit card)

Address of the Credit Card Holder: _____

Remarks:

- **Dead line for reservation- 30th June 2017** – after this date, all reservations requests will be subject to the Hotel's availability and the price may be different.
- Cancellations – Until 48 hours prior to arrival – cancellations after this date, the hotel will charge full stay on the credit card informed.
- In case of "No show", Hotel will charge full stay on the credit card informed.