

Room Reservation Form

Group of ISOQOL

Fax to: Corinthia Alfa Hotel Fax: +351 21 7236366
Mrs. Maria Anjos Costa Tel: +351 21 7236363
Av Columbano Bordalo Pinheiro
1099-031 Lisbon/Portugal www.corinthiahotels.com

From:

Name: _____

Company: _____

Street: _____

Post Code/City/Country: _____

Telephone/Fax: _____

Room Requirements: (please tick)

Single Room 135 Euro

Double Room 155 Euro

(Rates are per night and inclusive buffet breakfast. 5% VAT is included. The above rates are valid from the 7th until the 16th October 2006)

Arrival date: _____
(check-in after 14h00)

Departure date: _____
(check-out before 12h00)

Cancellation Policy:

All changes and cancellations should be informed and sent by fax or e-mail under the following conditions:

One night's room deposit non refundable is required to hold your reservation.

Reservations must be cancelled in writing according the contrac signed.

Cardholder: _____

Credit Card Number: _____

Expiry Date: _____

Security Code (3 numbers): _____

Diners Club

Visa

Mastercard

American Express

Reservations will be accepted on a space-available basis. Please note, that any changes have to be notified in writing to the hotel.

Confirmation by the hotel:

We are pleased to confirm your reservation.

Unfortunately we are already fully booked and cannot confirm your booking.

Signature:

Date: