



LISBON-OEIRAS

Holiday Inn Express Lisbon-Oeiras

Av.D.Félix Niza Ribeiro
2740-314 Porto Salvo

BOOKING FORM

PLEASE FILL AND ADDRESS TO:

SALES CENTRE

FAX: +351.21.7962130 TELEF: +351.21.0046046

Cristina Silva
Marta Paixão
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SUBJECT: "Group INIAV – 19/22 September 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 EXPRESS LISBON-OEIRAS.**

Arrival ____/____/____

Departure ____/____/____

➤ **SINGLE OR DOUBLE: € 62**

Rates per room, per night, including Buffet Breakfast, internet Wifi, taxes and services.

CREDIT CARD DETAILS:

AMEX Dinners Maestro 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 – 05th August

✓ Cancellations – Until 72 hours prior to arrival – for cancellations after this date, the Hotel will charge full stay on credit card informed;

✓ In case of "No show", the Hotel will charge full stay.