NATO SUMMIT OF HEADS OF STATE AND GOVERNMENT

19th November 2010 – 20th November 2010
Portugal

HOTEL BOOKING FORM FOR MEDIA

Please fax or e-mail to:
Top Atlântico DMC - Congress Department
Av. Dom João II, Lote 1.16.1 – 1990-083 Lisboa, Portugal
Tel : (+ 351) 218 925 405 Fax : (+ 351) 218 925 406
e-mail: lisboa.congress@topatlantico.pt

TA DMC | Portugal

A PERSONAL DATA - Please fill in

Surname: _____ Name: _____

Media: _____

Address: _____

City: _____ Country: _____ Postal Code: _____

Tel: _____ Fax: _____ e-mail: _____

B ACCOMMODATION – Please tick-off and fill in

Arrival date: _____ Departure date: _____ Nº of nights: _____

Hotel	Category	Single Room	Double Room
Olissippo Oriente	****	☐ € 105,00	☐ € 115,00
Tryp Oriente	****	☐ € 82,00	☐ € 92,00
Vip Executive Arts	****	☐ € 71,65	☐ € 79,30
Sana Malhoa	****	☐ € 80,00	☐ € 90,00
Novotel Lisboa	****	☐ € 78,00	☐ € 78,00
Mercure Lisboa	***	☐ € 69,00	☐ € 69,00
Açores Lisboa	****	☐ € 64,00	☐ € 72,00
Holiday Inn Continental	****	☐ € 80,00	☐ € 90,00
Vip Executive Villa Rica	****	☐ € 78,00	☐ € 88,00
Olissippo Marquês de Sá	****	☐ € 67,00	☐ € 77,00
Vip Inn Barcelona	***	☐ € 62,00	☐ € 73,00
Vip Inn Berna	***	☐ € 61,70	☐ € 68,00
Turim Ibéria	****	☐ € 61,00	☐ € 66,70

Prices are in Euros (€) per room, per night, including breakfast, VAT and taxes. These special rates are only available if booking is made through Top Atlântico DMC. Reservation requests will be confirmed on a *first come, first served* basis. If your choice is no longer available a similar alternative accommodation will be offered.

C CANCELLATION POLICY

Any cancellation received with less than 72 hours of arrival day, or in case of "No Show", it will be charged the first night.

D FORM OF PAYMENT –

Credit card: The debit will be made by the chosen hotel, on check-out.
In case of cancellation with less than 72 hours of arrival day or in case of "No Show", I hereby authorize the chosen hotel to debit my credit card for the amount equivalent to 1 night of stay.

Please fill in your data to guarantee the reservation:

☐ VISA ☐ AMERICAN EXPRESS ☐ MasterCard ☐ Other: _____

Cardholder's Name: _____

Card number: ____ ____ ____ ____ Expire date: __ __ __ __

CVV (three last digits on the back of the card - Except AMEX): ___

Signature: _____ Date: _____

PLEASE SEND THE BOOKING FORM TO THE OFFICAL AGENCY BY E-MAIL OR FAX:
Top Atlântico DMC – Congress Departament
E-MAIL: lisboa.congress@topatlantico.pt
or
FAX Nº: (+ 351) 218 925 406