

IADIS CELDA 2004
Lisbon, – 15th/17th December 2004

Please complete this form and return with payment, no later than **October 15th 2004**, to :
Viagens Abreu S.A.,
 Congress Dept. c/o: Helena Desidério - Av. 25 de Abril, 2 2799-556 Linda-a-Velha
 Phone: 351.21415 61 22 Fax : 351.21415 63 83/4 hdesiderio.lisboa@abreu.pt

1. PARTICIPANT

MR / MS _____ (Last Name) _____ (First Name)
 INSTITUTION _____
 ADDRESS _____ CITY _____ COUNTRY _____
 PHONE _____ TELEFAX _____ E-MAIL _____

2. ACCOMPANYING PERSON(S)

MR / MS _____ (Last Name) _____ (First Name)
 MR / MS _____ (Last Name) _____ (First Name)

3. HOTEL INFORMATION

HOTEL	CATEGORY	SINGLE	DOUBLE
ALTIS	*****	€100,00	€120,00

4. ACCOMMODATION

Please reserve my Accommodation in the following Hotel:
HOTEL ALTIS Single • Double
 Arrival ___ / ___ / 2005 • Departure ___ / ___ / 2005 • Total Nights _____
 ___ night(s) X ___ room(s) X _____ **(A) SUB TOTAL** _____
 (If choices are already fully booked , we will confirm another Hotel)

5 - METHOD OF PAYMENT

Please charge my Credit Card VISA___ MASTERCARD___AMERICAN EXPRESS___ DINERS___
 Credit card Number _____ Expiry Date ___ / ___
 CVV _____ (last 3 numbers on the back side) Owner's Name _____
 Address _____

Bank Transference to:

In this case, please send us a copy of the Bank Transference	→ Banco BPI, SA Centro de Empresas Porto Viagens Abreu S.A. Account number : 1292463-000-001 Bank Swift BBPIPTPL IBAN nº: PT.50001000001292463000131
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BOOKING & PAYMENT CONDITIONS

Full Payment must accompany this Application Form **no later than October 15th** . Viagens Abreu will send you confirmation by fax, letter or email. Changes in reservations will be subject to an administration charge of € 5 . Cancellations between 3 and 2 months prior to the arrival = Deposit of two first nights, not refundable. Cancellations less than 2 months prior to the arrival = Four nights of stay, will be charged. Cancellations less than 01 month = Full amount charged.

Date : _____ Signature : _____