

**CELDA / E-COMMERCE 2005
PORTO – 14th / 17th December 2005**

Please complete this form and return with payment, no later than **November 4th**, 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
PORTO PALÁCIO	****	100,00 €	130,00 €

4. ACCOMMODATION

Please reserve my Accommodation in the following Hotel:

1st Choice Hotel _____ • 2nd Choice Hotel _____ 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

Payment must accompany this Application Form **no later than November 4th**. Viagens Abreu will send you confirmation by fax, or email. Changes in reservations will be subject to an administration charge of € 5. Cancellations between 3 and 2 months prior to the arrival = two first two nights, not refundable. Cancellations less than 1,5 month prior to the arrival = 1st night of stay, will be charged. Cancellations less than 01 month = Full amount charged.

Date : _____ Signature : _____