

E-Society 2004
Avila , 16th / 19th July 2004

Please complete this form and return with payment, no later than **May 28th** 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 / MRS / MS _____ (last Name) FIRST NAME _____
INSTITUTION _____
ADDRESS _____ CITY _____ COUNTRY _____
PHONE _____ TELEFAX _____ E-MAIL _____

2. ACCOMPANYING PERSON(S)

MR / MRS / MS _____ (Last Name) FIRST NAME _____
MR / MRS / MS _____ (Last Name) FIRST NAME _____

3. HOTEL INFORMATION

HOTEL	CATEGORY	SINGLE	DOUBLE
PALÁCIO de los VELADA	****	€ 99,00	€ 123,00

4. ACCOMMODATION

Please reserve my Accommodation in the following Hotel:

1st Choice Hotel _____ • 2nd Choice Hotel _____ Single • Double
Arrival ___ / ___ / 2004 • Departure ___ / ___ / 2004 • Total Nights _____
_____ night(s) X _____ room(s) X _____ **(A) SUB TOTAL** _____

(We confirm another Hotel if choices are already Fully Booked)

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 n°: PT.50001000001292463000131
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BOOKING & PAYMENT CONDITIONS

Full Payment must accompany this Application Form **no later than May 28th**. Viagens Abreu will **send** confirmation by fax, letter or email. Changes in reservations will be subject to an administration charge of € 5 . Cancellations between May 29th and June 15th = 25% of stay will be charged. Cancellations between June 16th and June 29th = 50% of stay will be charged. Cancellations after June 30th = Full amount will be charged.
Extra expenses in the Hotels must be paid directly

Date : _____ Signature : _____