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 Att. Pedro Paulo

PORTO PALÁCIO
 CONGRESS HOTEL & SPA



**International Association of Prosecutors
 Porto Palácio Congress Hotel & SPA - PORTO, PORTUGAL
 From the 15.05.2018 to 18.05.2018**

Mr. Mrs. Miss
 Last Name : First Name :
 Second Guest Name (if applied):
 Arrival Date: Departure Date:
 Arrival Time: Flight Number: Departure Time: Flight Number:
 Fax nº: Telf nº: E-mail:

Executive Room (standard)	
<input type="checkbox"/> Single - 150,00 €	
<input type="checkbox"/> Double - 165,00 €	

Rates per room and per night, including the following services and benefits free of charge:

- American Buffet Breakfast in Restaurant Madruga (-1 Floor);
- Wireless Internet Connection (Wi-Fi) in every Room and common area;
- Unlimited usage during 1h30 of the following Health Club services: Swimming Pool, Sauna, Turkish Bath, Jacuzzi and Gymnasium;
- **Check-In:** from 3.00 pm / **Check Out:** until 12h00

IMPORTANT NOTE:

From March 1, 2018, a city tax of 2 Euros per person per night, not included in the total amount of the rate, will be charged and must be paid on site. This tax will be charged to guests over the age of 14 and it will be applied to bookings up to a maximum of 7 consecutive nights.

Directly payment by the Guest to the Hotel at the check-out

All reservations are only guaranteed with a valid credit card.

Credit Card details:

Visa Mastercard Diners Club
 Eurocard American Express

Credit Card holder:

Credit Card Nr : Expiration Date/...../.....

Bank Details for Bank transfers:
 BPI – Banco Português de Investimento, Avenida da Boavista, 1103 – 4100-129 Porto – Portugal
Account Number: 9-3902887-000-001 **NIB:** 001000003902887000144
SWIFT: BBPIPTPL **IBAN:** PT 50001000003902887000144

Terms of Cancellations and No Shows:
 Cancellations without penalty: until April 15, 2019
 Cancellations between 16th of April and 30th of April: Payment of the first night.
 Cancellations after 1st of May, 2019: Full Payment
 No Shows: Full Payment
 Early Departure / Late Arrival: Full Payment

To Help us with the burocratic procedures at the check in, please send us all your Passport / ID details.

Nationality:..... **Birth Place:**..... **Date of Birth:**...../...../.....

Passport/ID number:..... **Country Issue:**..... **Expiry Date:**...../...../.....

Date :/...../..... **Signature :**