

HOTEL REGISTRATION FORM IPMA

Booking Reference: 355.549

The Hotel Registration form shall be submitted before **28.02.2016**
by fax or email to the **Hotel Tivoli Oriente**.

Accommodation

Arrival Date: _____ Departure: _____

Last Name: _____ First Name: _____

Fax : _____ Phone : _____ e-mail: _____

Room Type:

Classic Single () € 114,00 Classic Double () € 124,00
Superior Single () € 134,00 Superior Double () € 144,00

Non-Smoking () Smoking ()

(These rates are per room, per night, including Buffet Breakfast and taxes)

Reservation Guarantee : Credit Card

VISA () MASTER CARD () AMERICAN EXPRESS () OTHER'S ()

Credit card number: _____ Expiry date : _____

Security Code: _____

Signature : _____ Date : _____

IN CASE OF NO-SHOW, WE WILL CHARGE ONE NIGHT ON THE CREDIT CARD.

SUBMIT REGISTRATION TO:

Sandra Isidro - Groups and Events Coordinator

Tel: 351 21 891 5334

Fax: 351 21 891 5427

e-mail - sandra.isidro@tivolihotels.com