

Registration Form
IOCS 2017
Lisbon, May, the 14 to 20

Name: _____

Address: _____

Telephone: _____

E-mail: _____

Arrival Date: ____ / ____ / ____

Departure Date: ____ / ____ / ____

SANA Metropolitan Hotel

Net Price per room/night with buffet breakfast & tax:

Single Occupancy: € 165.00*

Double Occupancy: € 175.00*

Supl.Extra Bed: € 40.00*

Smoking

Non Smoking

**City Tax of EUR 1, per person per night. Rate applied to guests aged 13 or over, with a maximum of EUR 7 per guest per stay. This rate is not included in the price of the accommodation.*

In order to guarantee this booking please provide us:

Name at Credit card: _____

Credit Card N°: _____

Expire date: ____ / ____

C.V.V. (In case of Visa Card):

Payment & Cancellation Police:

Full pre-payment: all nights will be charge at the credit card above informed at the time of confirmation. In case of cancellation or no-show no refund will be made and it apply 100% cancellation fee.

Autorization to Charge:

I hereby authorize SANA Hotels to charge the above mentioned credit card as full payment of this reservation with the Amount of _____ Euros.

I shall be solely responsible in ensuring that the mentioned credit card is within credit limit and in good standing.

The SANA Metropolitan Hotel assures that all details of the credit card mentioned, will not be used abusively and that will maintain entire discretion and confidentiality about this information.

I will not hold the SANA Metropolitan Hotel responsible, or liable for any penalty that may arise from such payment, after signing this form, that I have read and fully understood in all terms and conditions.

Authorized Signature: _____

Please e-mail or fax this form back to:

SANA Metropolitan Hotel

- Fax: 00351 21 795 08 64 ou/or email: sanametropolitan@sanahotels.com

Thank you