

# G N S I 2000 PORTUGAL

July 30th. to August 06th. 2000

## ACCOMMODATION BOOKING FORM

<b>(Please type or print in CAPITAL LETTERS)</b>	
Last Name(s) Mrs/Ms/Mr	
Name	
Title	
Day Telephone	Fax
Mailing Address	
Postal Code	Country

**To be returned to:**

C/o ILDA DUARTE  
 Rua Rosa Araújo, 49 A  
 1250 -194 LISBOA  
 PORTUGAL  
 E-Mail: ilda.duarte@acp-viagens.pt  
 Fax. (+351) 21 315 67 87  
 Tel. (+351) 21352 24 69

Arrival day \_\_\_\_\_ Departure day \_\_\_\_\_ Number of Rooms \_\_\_\_\_

Type of Room: [ ] Double [ ] Single [ ] Multiple

<b>EVORA - July 28 to August 4, 2000</b>					
HOTELS IN EVORA	IBIS EVORA	DOM FERNANDO	ALB. VITORIA	EVORA UNIVERSITY	YOUTH HOSTEL
<b>DOUBLE</b>	<b>54.17</b>	<b>72.72</b>	<b>52.37</b>	<b>22.45</b>	<b>29.93</b>
<b>SINGLE</b>	<b>49.73</b>	<b>55.87</b>	<b>40.40</b>	<b>-----</b>	<b>-----</b>
<b>MULTI-BED</b>	<b>-----</b>	<b>-----</b>	<b>-----</b>	<b>11.22</b>	<b>12.97</b>
<b>Price per person*</b>					

<b>LISBON- August 4 to 6, 2000</b>					
HOTELS IN LISBON	BERNA	MELIA ORIENTE	FENIX	HOLIDAY INN CONTINENTAL	YOUTH HOSTEL
<b>DOUBLE</b>	<b>59.36</b>	<b>72.33</b>	<b>67.34</b>	<b>81.30</b>	<b>32.42</b>
<b>SINGLE</b>	<b>47.64</b>	<b>63.10</b>	<b>61.60</b>	<b>72.82</b>	<b>-----</b>
<b>MULTI-BED</b>	<b>-----</b>	<b>-----</b>	<b>-----</b>	<b>-----</b>	<b>14.71</b>
<b>Price per person*</b>					

Prices including buffet breakfast, taxes and service charges. \* **Shower towel not included on multi-bed rooms.**  
 According to hotel availability, we will confirm your reservation. Refunds will only be made until July 10. Any cancellation after this date will be subject to a cancellation fee of one night no show maximum.

### PAYMENT CONDITIONS

50% deposit, based on your hotel choice, must be made by **May 30, 2000** in order to secure your reservations. Otherwise we won't take any responsibility. Final payment must reach us no later than **July 12, 2000**.

**METHOD OF PAYMENT:** All payments must be made in EUROS. Indicate method of payment:

\_\_\_ Credit Card (complete information below)    \_\_\_ Bank Draft    \_\_\_ International Wire    \_\_\_ Check

Payable to: **ACP VIAGENS E TURISMO, LDA**

Our bank: BANCO COMERCIAL PORTUGUÊS, Av.da República, Lisbon, Portugal -

**N.I.B. 0033 0000 0000 790918705**

[ ] VISA [ ] MASTER [ ] AMEX [ ] EURO

Credit Card Account number: \_\_\_\_\_ Card expiration date: \_\_\_\_\_

Card Address (where bank account statement is mailed)

Advanced payment:                      Date: \_\_\_\_\_ Euros

Amount:

Final payment:                              Date: \_\_\_\_\_ Euros

Amount:

Signature \_\_\_\_\_ Date: \_\_\_\_\_