

HOTEL RESERVATION FORM

GROUP'S NAME	European Venous Forum 2017 – 28, 29, 30 JUNE 2017
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Client's Name	
Address	
Telephone	
Fax	
E.mail	
Arrival Date	
Departure Date	

Type of room required for your stay at the Crowne Plaza Porto ? *(Please tick)*

Deluxe Single Room	135,00 €	
Deluxe Double Room	150,00 €	

Per night, breakfast included.

PLEASE COMPLETE ALL FIELDS MENTIONED BELOW REGARDING CREDIT CARD DETAILS IN ORDER TO GUARANTEE YOUR RESERVATION.

Credit Card Number	
Expiry Date	
CVV number <i>(last 3 digits at the back of the Card except AMEX which are the last 4 digits)</i>	
Authorized signature	

• **Cut-off date** for guaranteed reservation **15/05/2017**. After this date all reservations will be confirmed upon availability.

• **Cancellation Policy:**

Until **26/05/2017** will not apply.

Between **27/05/2017** and the arrival date the reservation will be charged to your credit card for the whole stay.

• **All No-Shows and Early Departures** will be charged to your credit card for all room nights.

• **Reservation changes:** Any changes to the arrival/departure date should be advised in writing 72 hrs before initial arrival date. Otherwise the Hotel will debit your credit card according to the reservation period initially booked.

Please fax this form back to: + 351 22 600 32 14

Or email to :

Opocp.meetings@ihg.com

We look forward to a successful and rewarding conference. Thank you!