

GUEST RESERVATION FORM

European Venous Forum

Name of Guest: _____

Name of 2nd Guest (if applicable): _____

Address: _____ City: _____ Country: _____

Post code: |_|_|_|_|_|_|_|_| : _____ Tel: _____

Dates of Reservation:

| FROM: 28th June 2017

| TO: 1st July 2017

Arrival time: _____

Reservation reference: EVF2017

Conditions and Payment

| An authorization Form will be sent to each Reservations, just for guarantee. The accommodation will be paid at the check-in time.

Cancellation Fees

| 3 days before the day of arrival: free of charge

| After this period, 1 night stay will be charged

| No-Show or early check-out: the total stay will be charged.

We kindly ask you to send this form to the below address:

| Email: reservas@hotelteatro.pt

| www.hotelteatro.pt

| T. +351 220 409 620

Hotel Teatro
Rua Sá da Bandeira, 84
4100-427 Porto, Portugal

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geral@hotelteatro.pt

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