

Holiday Inn®

LISBOA

AV. ANTONIO JOSE DE ALMEIDA, 28 A 1000-044 LISBOA

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SUBJECT: QUATIC/ CSMR 2001

TO : SALES CENTRE GRUPO CONTINENTAL – TRADE DEPARTMENT

NAME _____

COMPANY _____

ADRESS-----

TELEPHONE NUMBER: _____ FAX _____ E-MAIL _____

CITY _____ COUNTRY _____

We are pleased to confirm----- room, from-----until -----at Hotel

Holiday Inn Lisboa

Rates are per room ,per night, include American Buffet Breakfast, all taxes and services:

SINGLE PTE: 15.000 DOUBLE PTE: 17.000

Single: Euros: 74.90 Double: Euro: 84.80

**PLEASE NOTE: DEADLINE FOR RESERVATION: 26
FEBRUARY**

In order to guarantee my reservation please find here bellow credit card details:

CREDIT CARD INFORMATION:

CREDIT CARD _____ CREDIT CARD NR _____

CREDIT CARD HOLDER'S NAME _____

VALID UNTIL ____

IN CASE OF NO-SHOW, THE HOTEL WILL CHARGE THE FIRST NIGHT.

The Hotel accept room cancellation until March 05th, after this date, Hotel will charge the first night.

Kind Regards,

(signature)