

HOTEL RESERVATION FORM
Hotel Vila Gale: Cascais

02th until 05th July 2013 – OI DP

GUEST INFORMATION:

Last name:

First Name:

Fax:

Country:

E-mail:

TYPE OF ROOM:

Single Land View: Euro 111.00 per night _____

Twin Land View: Euro 130.00 per night _____

Breakfast buffet from 7:00 to 10:00 included. VAT included.

RESERVATION DATES:

Arrival date:

Departure Date:

Kindly note: Reservations must be guaranteed by credit card number, card back code, and expiration date.

The hotel will confirm the reservation on request basis.

Check- in time is 2:00 p.m. Room assignment prior to this time is subject to availability.

Check - out time is 12:00 noon. Check-out after this time will be charged an additional night's stay.

HOTEL CANCELLATION POLICY:

Cancellation less than 15 days before the arrival day: the hotel will charge 100% of the total stay on the CC.

CREDIT CARD INFORMATION

American Express _____ Visa _____ Master Card _____ Diners Card _____

Credit card number:

Expiration Date:

Credit card back code:

Please send this form by e-mail or fax:

Fax: 21 790 76 40

Telephone: 21 790 76 43

Email: cascais.grupos@vilagale.pt