

HOTEL REGISTRATION

NAME:

ORGANIZATION:

ADDRESS:

CITY:

COUNTRY:

PHONE:

FAX:

E-MAIL:

HOTELS

IN:

OUT:

NRS. OF ROOMS:

SUPPLEMENTS

	DOUBLE	SINGLE	HALF-BOARD	SUPERIOR ROOM
Lisbon Marriott Hotel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Quality Hotel Lisboa	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Radisson SAS Lisboa	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sana Park Metropolitan Hotel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

OTHER SERVICES REQUEST:

FORMS OF PAYMENT:

1. CHECK NR.
AMOUNT OF
BY MAIL).

IN ORDER TO TOP ATLÂNTICO WITH THE TOTAL
EUROS. (THIS ALTERNATIVE THE CHECK SHOULD BE SEND

2. CREDIT CARD

NR.
CARD OWNER

, VALID THROUGH / , NAME OF THE CREDIT

. THE CVV CODE (ON THE BACK OF
THE CREDIT CARD THE 3 LAST DIGITS OF THE SEQUENCE) SHOULD BY SEND BY E-MAIL OR BY
FAX

3. BANK TRANSFER:

TOP ATLANTICO

NIB: **PT50003300000001447883312** – BANCO COMERCIAL PORTUGUÊS

ALL THE INFORMATIONS IN THIS REGISTRATION ARE RESTRICT AND CONFIDENTIALS.

**FOR THE SECURITY OF THE CONFIDENTIALS INFORMATIONS PLEASE SEND THIS
REGISTRATION FORM BY FAX FOR THE 351 21 849 11 69.**

FOR ANY INFORMATION PLEASE CONTACT:



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1700-236 LISBOA
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FAX: 351 21 849 11 69
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C/O: SUSANA PEREIRA