



Legendary
Porto · Hotel

Please return the completed and signed form to:

Legendary Porto Hotel

raquel.martins@continentalhotels.eu

Tel. 00351 223392300 - Fax. 00351 222006009

HOTEL BOOKING FORM

30º Congresso Internacional de ASELE 04 a 07 Setembro 2019

Contact Details (Please complete in CAPITAL letters)

Company name:					
Adress:					
Postal Code	City		Country		
VAT Number					
Guest Name (first name, surname):					
e-mail					
Phone	Mobile		Fax		

HOTEL CONDITIONS

Please select your room option.

Please indicate number of rooms

Standard Twin Room		TWN	125,00 €	<input type="text"/>		
Standard Double room	SGL	115,00 €	<input type="text"/>	DBL	125,00 €	<input type="text"/>

Arrival date Departure Date

* Above rates are quoted in euros, include Breakfast buffet.

*City tax in Oporto - The compulsory city tax of 2€ pax/night is not included in our quotations.

HOTEL BOOKING POLICY AND DEAD LINES for the current room allocation

Guaranteed booking: Hotel require pre payment or credit card details in order to guarantee your reservation.

Payment: by bank transfer or credit card.

In order to guarantee your reservation by CC Hotel will charge the 1st night, and final payment should be done at the hotel. (in this case we need copy of the credit card - front and versus)

Hotel will charge - 5 days **Prior To Arrival** - your credit card.

Changes and cancelations: must be communicated to hotel via e-mail with confirmation number

Penalties may be apply. Telephone cancellations are not accepted as valid.

Hotel terms and conditions

Room can be cancel without penalty up to days prior arrival date.

No show Rooms: After 20 days releases all cancel reservations, late arrivals or early check-outs are consider no-show rooms. All no-show rooms will be charged to **100% The full length of stay.**

HOTEL BANK DATA FOR TRANSFER PURPOSES	Acc. Nr. - NIB	0018 00000254 6280001 09
	IBAN	PT50 0018 00000254 6280001 09
	SWIFT ADRESS	TOTAPTPL

CREDIT CARD DETAILS

I,					hereby authorize hotel
Legendary Porto Hotel to charge my credit card in the amount of €					- €
C.C Type	Visa	AMEX	Mastercard	Diners	
C.C Number			Exp. Date	Security Code	
Name of cardholder:			Valid Signature:		

Please note that only reservations with above information will be considered