

Fax Transmittal

Ref.: DoCEIS'2011

Doctoral Conference on Computing, Electrical and Industrial Systems

To: Hotel Costa da Caparica

Fax: +351 212 918 919/ Phone: +351 212 918 905/6

From: (Name) _____

(City) _____ (Country) _____

(Tel.:.:) _____ (Fax) _____

(email) _____

I would like to book the following number of rooms for the period from

_____ to _____, in a total of _____ days.

Sea View		Town View			
Single	Twin	Single	Twin	Suite (2pax)	Extra Bed
68.00 Euros	75.00 Euros	57.50 Euros	64.00 Euros	165.00 Euros	18.00 Euro
rooms	rooms	rooms	rooms		

I understand that I will receive a confirmation of this reservation in the very near future.

Payment shall be made in EURO by Credit Card Type: Visa / Mastercard / AmericaExpress

Other: _____

Card Nr.: _____ Exp.Date (mm/yy) ____/____ CVV2: _____

Name as it appears on Card _____

Signature: _____

Date: _____

Signature

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REPLY (to be used by the Hotel to confirm the reservation)

We confirm the reservation

Date: _____

Signature