

WWW/INTERNET ' 07
Vila Real , 5th/ 8th October 2007

Please complete this form and return with payment, no later than **August 16th**, to :
Viagens Abreu S.A.,

Congress Dept. c/o: Helena Desidério - Av. 25 de Abril, 2 2799-556 Linda-a-Velha
 Phone: 351.21415 61 22 Fax : 351.21415 63 83/4 hdesiderio.lisboa@abreu.pt

1. PARTICIPANT

MR / MS _____ (Last Name) _____ (First Name)
 INSTITUTION _____
 ADDRESS _____ CITY _____ COUNTRY _____
 PHONE _____ TELEFAX _____ E-MAIL _____

2. ACCOMPANYING PERSON(S)

MR / MS _____ (Last Name) _____ (First Name)
 MR / MS _____ (Last Name) _____ (First Name)

3. HOTEL INFORMATION

HOTEL	CATEGORY	SINGLE	DOUBLE
MIRACORGO	***	€49.50	€71,50

4. ACCOMMODATION

Please reserve my Accommodation in the following Hotel:

1st Choice Hotel _____ • 2nd Choice Hotel _____ Single • Double
 Arrival ___ / ___ / 2007 • Departure ___ / ___ / 2007 • Total Nights _____
 ___ night(s) X ___ room(s) X _____ **(A) SUB TOTAL** _____

(If choices are already fully booked , we will confirm another Hotel)

5 . METHOD OF PAYMENT

Please charge my Credit Card VISA___ MASTERCARD___AMERICAN EXPRESS___ DINERS___
 Credit card Number _____ Expiry Date ___ / ___
 CVV _____ (last 3 numbers on the back side) Owner's Name _____
 Address _____

Bank Transference to: → Banco BPI, SA
 Av. Da Boavista, 1117 – 3º
 4100-129 Porto
 Swift – BBPIPTPL
 Iban : PT 50001000002662876000115

In this case, please send us
 a copy of the Bank Transference

BOOKING & PAYMENT CONDITIONS

Payment must accompany this Application Form **no later than August 16th**. Viagens Abreu will send you confirmation by fax, or email. Changes in reservations will be subject to an administration charge of € 5. Cancellations from **August 17th until September 1st** = The first two nights, not refundable. Cancellations from **September 2nd until September 17th** = Three nights will be charged. Cancellations after **September 18th** = **Full amount** will be charged.

Date : _____ Signature : _____