

**OFFICIAL HOTEL RESERVATION REQUEST FORM**

**25-30 MAY 2016, LISBON – PORTUGAL**

**BOOK YOUR ROOM UNTIL 31 DECEMBER 2015 TO BENEFIT EARLY RATES**

**1. CONTACT INFORMATION**

NAME: \_\_\_\_\_ CLUB / FEDERATION: \_\_\_\_\_

EMAIL (required to receive confirmation): \_\_\_\_\_

PHONE: \_\_\_\_\_ MOBILE: \_\_\_\_\_ FAX: \_\_\_\_\_

INVOICE DETAILS: NAME: \_\_\_\_\_

ADDRESS \_\_\_\_\_

ZIP CODE: \_\_\_\_\_ CITY: \_\_\_\_\_ COUNTRY: \_\_\_\_\_ VAT NR: \_\_\_\_\_

**2. HOTEL SELECTION:** (Please refer to separate official hotel list and list 3 choices in order of preference. Request will be honored on a first-come, first-served, space available basis. Submit your request as soon as possible for the best opportunity of receiving your hotel choice)

1st. \_\_\_\_\_ 2nd. \_\_\_\_\_ 3rd \_\_\_\_\_

**2.1 ROOM INFORMATION (Maximum 6 rooms):**

ARRIVAL DATE: \_\_\_\_\_ DEPARTURE DATE: \_\_\_\_\_ NR NIGHTS: \_\_\_\_\_ NR ROOMS: \_\_\_\_\_

SINGLE ROOM RATE: EUR \_\_\_\_\_ X \_\_\_\_\_ NIGHTS X \_\_\_\_\_ ROOMS = EUR \_\_\_\_\_

DOUBLE ROOM RATE: EUR \_\_\_\_\_ X \_\_\_\_\_ NIGHTS X \_\_\_\_\_ ROOMS = EUR \_\_\_\_\_

Note that in most of the hotels bikes cannot go up to the rooms. Some hotels will have free storage space, and in others extra fee will apply. Please inform us your needs and we will advise the additional costs.

BIKE STORAGE: NO \_\_\_\_\_ YES \_\_\_\_\_ HOW MANY BIKES \_\_\_\_\_

**SPECIAL REQUESTS OR ADDITIONAL NEEDS (Transfers, tours, etc):**

**3. PAYMENT CONDITIONS:**

Room reservations will only be confirmed after receiving a 2 nights deposit (non-refundable) by bank transference or with credit card. Remaining amount is due until 22 February 2016 and is non-refundable. For reservations after 22 February 2016 full pre-payment will be required (non-refundable).

**3.1 PAYMENT FORM:**

**Bank transfer to the following account:**

**Bank Name: MILLENNIUM BCP**  
**VIAGENS EL CORTE INGLÉS**  
**Swift: BCOMPTPL**  
**IBAN: PT 50 0033 0000 0000 2213541 05**

Mention: TRIATHLON 2016 and the participant's name  
- All costs are to be borne by the ordering customer

**RETURN COMPLETED FORM BY EMAIL OR FAX:**

**eurotri2016.hotels@viagenselcorteingles.pt**  
**FAX: +351 21 793 07 49 / TEL: +351 21 780 3969**

**Credit Card (additional 3% banking surcharge)**

Cardholder Name: \_\_\_\_\_

Card Type: Visa Mastercard El Corte Inglés

Credit Card Nº: \_\_\_\_\_

Exp. Date: \_\_\_\_\_ CVV: \_\_\_\_\_

I certify that all information is complete and accurate. I hereby authorize VIAGENS EL CORTE INGLÉS to charge the credit card listed above.

Cardholder Signature: \_\_\_\_\_

Date: \_\_\_\_\_