

**HOTEL RESERVATION FORM**

<b>GROUP'S NAME</b>	ERACON 2015
<b>Dates</b>	13-17 <sup>th</sup> May 2015

<b>Client's Name</b>	
<b>Address</b>	
<b>Telephone</b>	
<b>Fax</b>	
<b>E.mail</b>	
<b>Arrival Date</b>	
<b>Departure Date</b>	

Type of room required for your stay at the Crowne Plaza Porto? *(Please tick)*

<b>Deluxe Single Room</b>		
<b>Deluxe Double Room</b>		

Per night, breakfast included.

**PLEASE COMPLETE ALL FIELDS MENTIONED BELOW REGARDING CREDIT CARD DETAILS IN ORDER TO GUARANTEE YOUR RESERVATION..**

<b>Credit Card Number</b>	
<b>Expiry Date</b>	
<b>CVV number</b> <i>(last 3 digits at the back of the Card except AMEX which are the last 4 digits)</i>	
<b>Authorized signature</b>	

• **Cut-off date** for guaranteed reservation **31/03/2015**. After this date all reservations will be on request basis.

• **Cancellation Policy:**

Until **31/03/2015** will not apply.

Between **31/03/2015** and **13/04/2015** the reservation will be charged to your credit card for the 1<sup>st</sup> night.

Between **13/04/2015** and the arrival date the reservation will be charged to your credit card for the whole stay.

• **All No-Shows and Early Departures** will be charged to your credit card for all room nights.

• **Reservation changes:** Any changes to the arrival/departure date should be advised in writing 72 hrs before initial arrival date. Otherwise the Hotel will debit your credit card according to the reservation period initially booked.

Please fax this form back to: + 351 22 600 32 14

Or email to :

[Opocp.meetings@ihg.com](mailto:Opocp.meetings@ihg.com)

**We look forward to a successful and rewarding conference. Thank you!**