



Ref.: 3rd International Mental Health Meeting Romão de Sousa Foundation”
Lisbon19 to 25 November 2018

To: Hotel 3K Barcelona

email :geral@hotel3kbarcelona.pt Phone: +351 21 795 42 73

Please fill in this form and returned it to the hotel Until 24 September 2018, after this date all the reservations stay On Request and only accept if the hotel has availability:

(Name) _____

(City) _____ (Country) _____

(Company/Institute/University/...) _____

(Tel.:) _____ (Fax) _____

(email) _____

I would like to book the following type and number of rooms indicated by tick as follows :

_____ SingleBB (1 pax) 65,00€/ night including breakfast and Vat

_____ Twin/Double BB (2 pax)75,00€ / night including breakfast and Vat

Lisbon Taxes of 1,00€ / pax / per night not included on this rates .

Arrival date to Hotel (Day/Month/Year): ____/____/____ Hour of arrival (hh:mm): __:__

Departing date from Hotel (Day/Month/Year): ____/____/____ in a total of _____ days

One night payment as a guarantee for this booking shall be made in Euros by Credit Card Type:
Visa / Mastercard / AmericaExpressOther: _____(No refund)

The guest fills all the requested details and gives one night debit authorization:

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

Name as it appears on Card _____

Signature: _____

The credit card provided has to belong to the guest, and it should be presented upon check-in.

The rest of the payment will be done directly at the hotel , but the night guarantee will be no Refund if there is a cancelation or a No Show in our hotel

Date: _____

Signature

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REPLY (to be used by the Hotel to confirm the reservation) if you booking form came by fax

We confirm the reservation / Wecan not confirm the reservation

Date: _____

Signature