



Holiday Inn

LISBON

★ ★ ★ ★

BOOKING FORM

Av. António José Almeida, 28-A, 1000-044 Lisboa · Portugal
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EVENT			
GUEST NAME			
TELEPHONE		EMAIL	
ARRIVAL DATE		ARRIVAL TIME	
DEPARTURE DATE		DEPARTURE TIME	

TYPE OF ROOM (please tick)	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	Smoking Room
<input type="checkbox"/>	No Smoking Room

IN ORDER TO GUARANTEE THIS BOOKING PLEASE PROVIDE US:

CREDIT CARD DETAILS

<input type="checkbox"/>	AMEX	<input type="checkbox"/>	DINNERS	<input type="checkbox"/>	MASTER CARD	<input type="checkbox"/>	VISA
HOLDER'S NAME							
NUMBER				VALID UNTIL			
C.C.V. CODE		(last 3 digits printed on the signature strip of the card)					

REMARKS:

<ul style="list-style-type: none"> • • •

PLEASE FILL AND ADDRESS TO SALES CENTRE

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