

CELDA / e-Commerce ' 07
Algarve , 7th/ 9th December 2007

Please complete this form and return with payment, no later than **October 31st**, to :
Viagens Abreu S.A.,

Congress Dept. c/o: Helena Desidério - Av. 25 de Abril, 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
ALMANSOR	****	€45	€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 October 31st**. Viagens Abreu Will send you confirmation by fax, or email. Changes in reservations will be subject to an administration charge of € 5. Cancellations from **October 31st until November 15th** = Deposit of two first nights, not refundable. Cancellations after **November 16th** = Full amount charged.

Date : _____ Signature : _____