

Hotel Conference Registration



Conference Name: **IWAT 2010**

Conference Dates: **March 01-03, 2010**

Conference Place: **Alameda Campus of Instituto Superior Técnico**

[TURIM ALAMEDA HOTEL](#)

Av. Rovisco Pais Nº 34

1000-268 Lisboa, Portugal

Phone: +351 21 841 15 50

Fax: +351 21 841 15 59

Email: turimalamedahotel@turimhoteis.com

Web: www.turimhoteis.com

Guest Profile

Last Name: _____

Name: _____

Arrival Date: _____

Departure Date: _____

Company: _____

Address (1): _____

Address (2): _____

Zip Postal / City: _____

Country: _____

Email: _____

Phone: _____

Fax: _____

Special Needs:

Room Type - Breakfast Buffet Included

☐ Single - 70 € Number of Rooms

☐ Double - 75 € Number of Rooms

☐ Twin - 75 € Number of Rooms

Arrival Time:

Guarantee

☐ Credit Card

☐ American Express

☐ Visa

☐ Mastercard

☐ Diners Club

☐ JCB

Card Number: _____

Expiration Date: _____

Cardholder Name: _____

Please print your data and send it by fax.

Your Signature: _____

Data below submitted by the Hotel

Total Room Rate Fee: _____

x Room Nights: _____

Subtotal: _____

Total Due: _____

Reservation Number:

Hotel sign by:

☐ Confirmed

☐ Not confirmed

Reason: