



HOTEL RESERVATION FORM FOR:

GROUP: **Alpha Max 2007**
MEETING DATES: **May 2nd - May 4th , 2007**

Name: _____
Address: _____

Telephone _____ Fax: _____

Credit Card Number: _____ Exp: _____

Security Number: _____

Arrival Date: ____/____/____

Arrival Time: _____ Flight Detail: _____

Departure Date: ____/____/____

Departure Time: _____ Flight Detail: _____

Please indicate desired accommodations:

SINGLE (one person)

RATE: € 240.00

DOUBLE (two persons)

RATE: € 265.00

TWIN (two persons)

RATE: € 265.00

SMOKING

NON SMOKING

SPECIAL REQUESTS: _____

- Rates are per room, per night, inclusive of services and taxes.
- All rates quoted are in Euros.
- Reservations are required by the cut off date of **March 5th , 2007**. After this date rooms are subject to availability.
- Reservation must be guaranteed by credit card.
- Cancellation Policy: within 23 days prior to arrival, two nights stay will be charged directly to your credit card.
- "No shows" and/or early departures will be charged for the entire stay directly to the above credit card.
- A non refundable deposit of € 480.00 will be charged to your credit card upon receipt of your reservation form.
- Check-in time is 03:00 PM; Check-out time is 12:00 AM. Any room vacated after this time will be charged an additional night stay.

I agree to the above conditions and authorise the Hotel to charge the above credit card as payment under the above terms.

Card Holder Signature

Date: _____

Four Seasons Hotel Ritz Lisbon
Rua Rodrigo da Fonseca, 88
1099-039 Lisbon, Portugal
Phone: 351 21 381 1402 Fax: 351 21 385 8155

Hotel reservations should made directly with the Four Seasons Hotel Ritz Lisbon.