



**PHARMA VENUE EVENT
NOVEMBER 28TH TO 30TH 2010**

TO: MARTA RODRIGUEZ

e-mail address: reservas1portafira@h-santos.es

Fax number: 00 34 93 297 35 09

To be sure that you will have the group rate offered for this event, please, fill and sign this form and send it back to us before October 15th, because after this date the Hotel does not guarantee the availability neither the group rate.

All the bookings will have to be done by email or fax and attaching this form. The Hotel won't accept any call booking.

Please, to book mark the option:

- URBAN double room for single use per night: 70 €
- URBAN double room for double use per night: 90 €

- Smoking room
- Non smoking room

Breakfast included

Surname: _____

Name: _____

Telephone number: _____

e-mail adress: _____

check in date: _____ (check in time 15:00 pm)

check out date: _____ (check out time 12:00 pm)

CANCELLATION POLICY:

- The cancellations received **before September 27th 2010** will not have any penalization.
- The cancellations received **between September 28th and October 28th 2010**, will charge the 50% of the entire stay.
- The cancellations received **between October 28th and November 28th 2010**, will charge the 100% of the entire stay.
- No shows will be invoiced for the entire stay.

Please, note that the entire stay will be charged to the credit card given in case you cancel de booking according to the cancellation policy detailed above.

Please, note that the entire stay will be charged to the credit card given in case of NO SHOW according to the cancellation policy detailed above.

To guarantee the booking, please fill the following information about your credit card:

CREDIT CARD:

- VISA MATERCARD AMERICAN EXPRESS DINERS CLUB

CREDIT CARD HOLDER NAME & FAMILY NAME: _____

CREDIT CARD NUMBER: _____ EXPIRY DATE: _____

EMAIL: _____ CONTACT TEL.: _____

I, _____ (name and family name), with ID number _____ certify that the above information are true, and by this writing I give my authorization to the Santos Porta Fira Hotel to charge the total amount of the invoice for detailed reservation above to the credit card's details given in case the invoice is not settled up at the check-out time.

Signed, (credit card holder)

Date: _____ (city), _____ 2010.