



Legendary  
Porto · Hotel

Please return the completed and signed form to:

Legendary Porto Hotel

[raquel.martins@continentalhotels.eu](mailto:raquel.martins@continentalhotels.eu)

Tel. 00351 223392300 - Fax. 00351 222006009

## HOTEL BOOKING FORM

**CIARP - 9 to 13 May 2021**

Contact Details ( Please complete in CAPITAL letters)

Company name:					
Adress:					
Postal Code	City	Country			
VAT Number					
Guest Name ( first name, surname):					
e-mail					
Phone	Mobile	Fax			

### HOTEL CONDITIONS

*Please select your room option.*

*Please indicate number of rooms*

Standard Twin Room		*TWN	100,00 €	<input type="text"/>		
Standard Double room	*SGL	90,00 €	<input type="text"/>	*DBL	100,00 €	<input type="text"/>

Arrival date	<input type="text"/>	Departure Date	<input type="text"/>
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\* Above rates are quoted in euros, include Breakfast buffet.

\* **City tax in Oporto - The compulsory city tax of 2€ pax/night is not included in our quotations.**

### HOTEL BOOKING POLICY AND DEAD LINES for the current room allocation

**Guaranteed booking:** Hotel require 1st night deposit (bank transfer or credit card) in order to guarantee your reservation. Final payment could be done at the hotel.

(When done by CC we need copy of the credit card - front and versus)

**Changes and cancelations:** must be communicated to hotel via e-mail with confirmation number

Penalties may be apply. Telephone cancellations are not accepted as valid.

### Hotel terms and conditions

Room can be cancel without penalty up to **15** days prior arrival date.

**No show Rooms:** After 15 days releases all cancel reservations, late arrivals or early check-outs are consider no-show rooms. All no-show rooms will be charged to **100% The full length of stay.**

HOTEL BANK DATA FOR TRANSFER PURPOSES	Acc. Nr. - NIB	0018 00000254 6280001 09
	IBAN	PT50 0018 00000254 6280001 09
	SWIFT ADRESS	TOTAPTPL

### CREDIT CARD DETAILS

I,					hereby authorize hotel
Legendary Porto Hotel to charge my credit card in the amount of €					- €
<b>C.C Type</b>	Visa	AMEX	Mastercard	Diners	
<b>C.C Number</b>			Exp. Date	Security Code	
<b>Name of cardholder:</b>			<b>Valid Signature:</b>		

*Please note that only reservations with above information will be considered*