



XVI International Fall Workshop on Geometry and Physics
Instituto Superior Técnico, Lisboa, Portugal
5-8 September 2007

ACCOMMODATION FORM

PARTICIPANTS

Title: **MR.** **MRS.** **Ms.**

FAMILY NAME **FIRST NAME**

ADDRESS:

CITY: **COUNTRY:**

PHONE: **FAX:**

EMAIL:

Please circle your choice

HOTEL	TWIN	SINGLE
Holiday Inn Lisboa - 4**** www.maistorismo.pt/hinnlx	€ 105,00	€ 95,00
Hotel Alif - 3*** www.maistorismo.pt/4/781.html	€ 75,00	€ 67,50
Holiday A. S. Lisboa - 3*** www.hotel-aslisboa.com	€ 62,00	€ 56,00
Albergaria Pax - 3*** http://www.maistorismo.pt/1/45.html	€ 53,50	€ 53,50

ARRIVAL DATE: **DEPARTURE DATE:** **NUMBER OF NIGHTS**

	Rate	Nr. nights	Total
Hotel accommodation	€		€
TOTAL			€

Special Requests

*Note: The meeting starts in the morning on the 5th and finishes at lunchtime on the 8th.

CANCELLATIONS:

All cancellations are subject to a minimum of EUR 15,00 fee.

PAYMENTS:

All payments must arrive before (*). After this date, reservations and payments can only be accepted on a request basis.

(* Please see each hotel time limit (below)

- Albergaria Pax - Payments must arrive before June, 30th
- Hotel A. S. Lisboa - Payments must arrive before July, 30th
- Hotel Alif - Payments must arrive before July, 30th
- Hotel Holiday Inn - Payments must arrive before June, 30th

BANK TRANSFER

Name of Account Holder: CVT - Congressos, Viagens e Turismo

Client address: Av. Gomes Pereira, 21B 1500-331 Lisboa

Name of Bank: Barclays Bank

Bank address: Avenida 25 de Abril, 1097 E 2750-515 Cascais

Account number: 200039571

NIB: 0032 0105 00200039571 37

SWIFT Code: BARCPTPL

IBAN: PT50 0032 0105 00200039571 37

CREDIT CARD

CREDIT CARD DETAILS	
Visa/Eurocard/Mastercard	
Card Number	
Amount transferred	
Expiry date	
Security code (3 last digits on back)	
Name	

Signature: _____

Date: _____

C/o Clara Pacheco

CVT – Travel Agency

Av. Gomes Pereira, 50B

1500-331 Lisboa Portugal

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Email: clara.pacheco@cvt.pt



You imagine... We do it !!