

HOTEL RESERVATION FORM (must use this form)

Corinthia Lisbon Hotel (5-star), July 1–6, 2007

Corinthia Lisbon Hotel (5 stars) is the official venue for the Conference. If making your reservation at ISOPE room rate without this form, you must indicate that reservations are for the *ISOPE Conference*. In order to have your room guaranteed, this reservation form with **one (1) night's deposit** must be received **via either fax or mail** only and **no later than April 1, 2007** by (and also confirmation via fax or email by):

Group Reservations (ISOPE-2007): maria.costa@corinthia.pt

Corinthia Lisbon Hotel: Fax: +351-217-236-364

Av. Columbano Bordalo Pinheiro, 105

1099-031 Lisboa, Portugal

No reservations will be considered **without credit card** and signature
(Family Name) _____ First (Fore) _____

Surname: _____ & Middle: _____

Circle: Male Female; Title Mr. Ms. Mrs. Prof. Dr.

Company: _____

Address _____

_____ City _____

Country _____ Postal (ZIP) Code _____

Fax No. _____; Email _____

Arrival: _____ Time _____; Depart.: July __, Time _____

Room Choice*:	Single/Double	No of Rooms (<i>and Circle One</i>)
<input type="checkbox"/> Classic Single	€105	___ Sgl / Dbl / ___ Twin**
<input type="checkbox"/> Classic Double	€125	___ Sgl / Dbl / ___ Twin**
<input type="checkbox"/> Supplementary Exec	Extra €50	___ Sgl / Dbl / ___ Twin**

“Supplementary Exec” is Executive Room with €50 extra charge.

* Rates include VAT of 5% (subject to change) and breakfast.

** Name of the person to share: _____

Advance Deposit and Methods of Payment. Please enclose **one (1) night's non refundable deposit** per room. **Cancellations** received within 1 week before arrival and no-shows will be assessed **the total number of nights booked**.

I am enclosing an international money order or check of €_____ in euro drawn on a EU bank, payable to **Corinthia Lisboa Hotel**.

I authorize a charge of \$_____ to my credit card (*circle one*):

Visa MasterCard Discover Carte Blanche

Diner's Club American Express JCB

Card no.: _____ 3- or 4-digit code _____

Name on card: _____ Exp. Date : _____

Signature: _____ Date: _____, 2007

**Copy, Complete, and Send This Form with One-Night's Deposit
Directly to Corinthia Lisbon Hotel.** as addressed above.
Reservation by either fax or e-mail only.

Reservation after **April 1** is subject to room availability.

In case Corinthia Hotel is fully booked before April 1, click on www.semlimite.pt to find other hotel choices available