

HOTEL RESERVATION FORM

Please fax or send by email Fax: 55 21 2274 8042 E-MAIL: reservas.rio@sheraton.com

<< LATIN UPSTREAM – MAR 2009 >> Mar 24th – 27th , 2009 Group code: GLO2403AR

Arrival Date: Departure Date:		Number of nights:		
Name:				_
Company:				
Address:				
Phone:	Fax:	Email:		_
Credit card type:		Expiry Date:		
Credit Card Number:		Card Holder	:	
Credit card Security Code (I	ast 3 digits on the ba	ack):		
Hotel Reservation Request:	Single / Double	•		
Rate Category		Sgl	Dbl	
() Classic (Mountain and Par	rcial Ocean View)	() USD\$185,00	() USD\$190,00	
() Superior (Parcial Ocean Vi	ew)	() USD\$205,00	() USD\$210,00	
() Deluxe (Ocean Front View))	() USD\$225,00	() USD\$230,00	
() Junior (Suíte Parcial Ocean View)		() USD\$255,00	() USD\$260,00	
() Executive (Suite Ocean Fro	ont View)	() USD\$275,00	() USD\$280,00	
Above rate are expressed in Rates include breakfast. Che LCO will be charged as full rate. All reservations must be held reservations will be confirmed Cancellation / no-show policy: be charged one night.	ck in and check out ti te. with a credit card. d upon availability.	mes: 3pm and 12 noo	on respectively. ĖCI a	nd
Signature:		Date:		