

LISBOA MARRIOTT HOTEL
LISBON, PORTUGAL
2nd to 3rd October 2015

GENERAL INFORMATION

All Hotel reservations must be processed through the Housing Agency:

AIM Group International – Lisbon Office

Av. Liberdade, 258 – 6°
1250-149 Lisboa – Portugal
Phone: +351 21 324 5055 – Fax: +351 21 324 5051
e-mail: easaps2015@aimgroup.eu
Faxed forms are considered originals; do NOT mail a duplicate copy.

RESERVATION

Hotel accommodation will be guaranteed to requests received until September 4th 2015. After this date, rooms and rates will not be guaranteed and can only be handled upon availability. Rooms will be assigned on a first-come first-served basis.

PAYMENT POLICY

Rates are quoted in EUROS, per room, per night, breakfast included.
Accommodation can only be guaranteed when a deposit of one night has been received by AIM Group Lisbon Office.
The balance must be paid 1 month prior to the arrival date (September 1st 2015).

CANCELLATION POLICY

Any change or cancellation of the hotel reservation must be sent in writing to AIM Group International. Refunds for cancellation will be as follows:
Until July 31st: full refund
Between August 1st until September 1st: 50% refund of total stay
From September 2nd: 100% cancellation fee is applied

All approved refunds will be processed and issued within 60 days after the Congress.

PRIVACY LAW

In compliance with the Portuguese Law 67/98 regarding personal data protection, AIM Group International hereby informs that the information here given will solely be managed internally and used exclusively for the purpose of communication within the scope of the congress activities such as scientific and social. By filling in this form you authorize AIM Group International to use the given personal data for the above mentioned purpose. You have the right to modify or cancel the data here given. Should you wish to do so please contact the congress secretariat:

AIM PORTUGAL Lda,
Av. Liberdade, 258 – 6°
1250-149 Lisboa – Portugal

I authorize the treatment and communication of my personal data as described above.

Date _____

Signature _____

Personal Details (Please use CAPITAL letters)

Last Name/Family Name		First Name/Given Name	
<input type="text"/>		<input type="text"/>	
Address		City	
<input type="text"/>		<input type="text"/>	
Region/Province/State	<input type="checkbox"/> Home <input type="checkbox"/> Work	Zip Code	Country
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Telephone /Business	Telephone/Home	Fax Number	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
e-mail (Required - All information will be sent via email)			Mobile
<input type="text"/>			<input type="text"/>

Invoice Details (mandatory)

Company/Individual Name			
<input type="text"/>			
Address		City	
<input type="text"/>		<input type="text"/>	
Region/Province/State	Zip Code	Country	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Fiscal Code	VAT Number		
<input type="text"/>	<input type="text"/>		

ACCOMMODATION

HOTEL	Catg	DSU	DBL
LISBOA MARRIOTT HOTEL (Annual Meeting Venue)	4*	€ 110,00	€ 125,00

Select preferred room type: ☐ Single room ☐ Double room ☐ Twin room

Special request

Accompanying Person

Last Name/Family Name		First Name/Given Name	
<input type="text"/>		<input type="text"/>	
Arrival Date (dd/mm)	Departure Date (dd/mm)	Total Nights:	
<input type="text"/> <input type="text"/> 2015	<input type="text"/> <input type="text"/> 2015	<input type="text"/>	

PAYMENT

Please note that credit card details are mandatory even when paying by bank transfer in order to guarantee your booking. For bank transfer payments credit card will only be charged in case of penalties. Payment of full stay is required until September 1st. From September 2nd only payment by credit card will be accepted. By filling in this form you authorize AIM Portugal Lda to charge your credit card for the balance of the foreseen stay.

Credit Card ☐ VISA® ☐ MasterCard®/ EuroCard® ☐ American Express®

Credit Card Number:

Expiry Date: MONTH/YEAR / / SECURITY CODE (CW2/CVC2*)

*Security code: last three figures appearing on the back of the card, in the signature space

Cardholder's Name Cardholder's Contacts

Authorized Signature

Bank Transfer Please transfer the payment to **AIM Portugal Lda.**

Account number: 000331773427020

Bank Address: Rua da Mesquita, 6 Centro Totta A7A, Lisboa

IBAN: PT50 0018 000331773427020 58

Note. This payment form should clearly state the names(s) of the delegate(s) and should clearly state "EASAPS2015".

Please enclose herewith copy of bank receipt.

Date _____ Signature _____