

Conference MCS

25 June – 29 June 2005

BOOKING FORM

Official Hotel Accommodation: Hotel Costa da Caparica

Personal Details

First Name: _____ Last name _____

Street Address: _____

City/Postal Code/ _____ / _____ / _____ / _____

State or Province/Country

(Information above must appear exactly as on ITiCSE registration form)

Nationality: _____ Passport n°: _____

Contact Tel n°: _____

Contact E-Mail: _____

Room Payment Details

Credit card n°: _____ Expiry date: ____/____/____

Visa Master Card Other (please specify) _____

Hotel Costa da Caparica room reservation

Arrival date (MM/DD): ____/____/____ Departure date (MM/DD): ____/____/____

Room Type Required: 23 to 29/06/05

Single room land view	€ 54,00	
Double room land view	€ 59,00	
Single room ocean view	€ 60,00	
Double room ocean view	€ 73,00	
Suite – 1 person	€ 163,00	
Suite – 2 persons	€ 175,00	
Suite – 3 persons	€ 200,00	

Room Type Required: Extra Nights

Single room land view	€ 61,50	
Double room land view	€ 72,00	
Single room ocean view	€ 76,00	
Double room ocean view	€ 88,00	
Suite – 1 person	€ 192,00	
Suite – 2 persons	€ 205,00	
Suite – 3 persons	€ 235,00	

Conference Password: _____ **(Please enter here your reservation password)**

Please complete and return this form to:

Hotel Costa da Caparica
Av. General Humberto Delgado, 47
2829-506 Costa da Caparica
Tel: + 351 21 291 89 00
Fax: + 351 21 290 64 04
Email: grupos@hotelcostacaparica.pt