



Villa Rica Hotel, Lisbon Portugal

HOTEL RESERVATION FORM

IBIMA' 2005 conference
On July 5 – 7, 2005.

Guest Name _____

Company _____

Tel. _____ Fax _____

ARRIVAL DATE _____ DEPARTURE DATE _____ # OF NIGHTS _____

I WOULD LIKE TO RESERVE:

Smoking Room Non-Smoking Room Single Room Double Room

Single Room: 75 € per night

Double Room: 87 € per night

Above-mentioned rates are daily, per room and include American buffet breakfast at restaurant and all taxes.

Please include credit card information when you make your booking

American Express Visa Master card Diners Club Euro card

Credit Card # _____ Expiry Date _____

Name As it appears on the card: _____ Signature: _____

COMMENTS / SPECIAL REQUESTS

Please fax this form directly to the hotel by latest June 20, 2005. Reservations received after this date will be subject to availability.

Hotel Fax: +351 21 0043498 and +351 21 0043033