



BOOKING FORM

AttN: REAL MARINA HOTEL & SPA
GROUPS DEPARTMENT

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UGENT UNIVERSITY – Feb 01st to Feb 05th, 2016

SURNAME: _____ **NAME:** _____

COMPANY: _____

ADDRESS: _____

POSTAL CODE: _____ **COUNTRY:** _____

PHONE: _____ **FAX:** _____

E-MAIL: _____ :

(Note: This information is only to confirm your reservation)

Accommodation

Arrival Date: _____

Departure Date: _____

Room Type

(please select your option)

Buffet Brekfast, Service and taxes included.

Indoor pool, Gym, Internet included

€ 60.00 Individual Room **ROH** / night

€ 60.00 / Double Room **ROH** / night

€ 70, 00 / Individual Sea View Room / night

€ 70, 00 / Double Sea View Room / night

ROH "run of the house" include Village view rooms and Apartments T1, T2 & T3.

PAYMENT:

Credit Card Details:

Number: _____

Expires: _____ CVV: _____

Name on the Card: _____

All reservations have to be made until Dec 18th, after this date, requests will be confirm depending on the Hotel's availability.
To confirm and guarantee your reservation it is necessary a valid credit card number with all requested information. Payment will be done at check-in time.
To each cancellation done from Dec 19th,2015 inclusive and or "no show" the Hotel will charge the total amount for the full stay.

(Signature)

(Date)

HOTEL'S CONFIRMATION