



HOTEL BOOKING FORM

Please complete this registration form and return it by fax or by e-mail, directly to central reservations HOTEL HOLIDAY INN LISBON as follows:

Fax: + 351 .21.7962130 Telef: + 351.21.0046046

rosalia@grupo-continental.com

cristina@grupo-continental.com

alexandra@grupo-continental.com

SUBJECT : INTERNATIONAL WORKSHOP ON IMAGE ANALYSIS FOR MULTIMEDIA INTERACTIVE SERVICES - "WIAMIS 2004 " -21 to 23 APRIL 2004

Name _____

Company _____

Telephone _____

Fax _____

Dear Sirs,

We are pleased to confirm _____single / double room

from _____until _____ **at HOLIDAY INN LISBOA.**

Rates are per room ,per night, include American Buffet Breakfast, all taxes and services:

Single - Euro: 80 €

Double- Euro: 90 €

CREDIT CARD INFORMATION

CREDIT CARD _____ CREDIT CARD NR _____

EXPIRE DATE _____

Security code (last three digits on the back of the card) _____

CREDIT CARD HOLDER'S NAME _____

REMARKS

1. Dead line for inscription - 15 February 2004
2. Cancellations accepted until 01 week prior to arrival, after one week prior to arrival entire stay will be charged
3. In case of no-show hotel will charge entire stay

Av. António José de Almeida, 28 A - 100-044 Lisboa, Portugal

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