

ROOM RESERVATION FORM
IEEE/PES TRANSFORMERS COMMITTEE, FALL 2008 MEETING (5-9 October 2008)
Porto Palácio Congress Hotel & Spa
www.hotelportopalacio.com

On-line reservations via the Internet are not available. Return this form or info before 1 September. An email confirmation will be returned to you within 48 hours. Your reservation should not be considered confirmed until you receive the email confirmation.

Reservation Options:

1. Scan and e-mail the completed form to: svboas@sonae.pt (best option)
2. Send same information in an e-mail message to the above e-mail address.
3. Fax completed form to: +(351) 22.600.6397; attention: Sofia Vilas-Boas

☐ Mr. ☐ Mrs. (write clearly please)	
Surname / Last Name : Given / First Name :	
Company:	
City, State/Province, Country:	
Arrival Date: Departure Date: Companion Name (if applicable):	
Telephone No.: E-mail:	

The following room rates are valid from 3 October until 11 October. Rates include all taxes, buffet breakfast each day, high-speed Internet in the guest room, use of swimming pool, sauna, Jacuzzi, Turkish bath and fitness gym. The rate also includes a visit to the Port Wine Cellars and entrance to Serralves Museum. All rooms are non-smoking.

Room types are described on the Committee's website (www.transformerscommittee.org), "Next Meeting" page.

Indicate number of rooms desired in the blank below:			
Executive Room (floors 3-15)	Deluxe Room (floors 16-18)	Executive Suites (floors 3-15)	Deluxe Suites (floors 16-18)
___ Single - 120,00 €	___ Single - 150,00 €	___ Single - 240,00 €	___ Single - 300,00 €
___ Double - 140,00 €	___ Double - 170,00 €	___ Double - 240,00 €	___ Double - 300,00 €
Do you have special needs? (handicap access, etc.):			
Although this option cannot be guaranteed, indicate one bed or two beds: ☐ one bed ☐ two beds			

Payment Conditions:

All reservations must be guaranteed in advance with a valid credit card.

Upon making the reservation, a deposit of one room-night per room reservation will be immediately charged to the guest's credit card. The remaining balance will be charged upon check-out.

Guarantee by credit card:

- | | | |
|-----------------------------------|---|--------------------------------------|
| ☐ Visa | ☐ Mastercard | ☐ Diners Club |
| ☐ Eurocard | ☐ American Express | |

Credit Card No.: Expiration Date:

Name on Card:

Signature: Date:

Terms of Cancellation and No-shows:

Until 25 September: Cancellation without penalty

Cancellation between 25 September and 2 October: Payment of one night

Cancellations after 2 October: Full payment

No Shows or Early Departure / Late Arrival: Full Payment

To Help us with the burocratic procedures at check-in, please give us your passport number or ID document number

Document Type & Country: Document No.: Expire Date: