

Please complete this form and return with payment, no later than **July 15th**, to :
Viagens Abreu S.A.,
Congress Dept. c/o: Helena Desidério - Av. 25 de Abril, 2 2799-556 Linda-a-Velha
Phone: 351.21415 61 22 Fax : 351.21415 63 83/4 hdesiderio.lisboa@abreu.pt

1. PARTICIPANT

MR / MRS / MS _____ (last Name) FIRST NAME _____
INSTITUTION _____
ADDRESS _____ CITY _____ COUNTRY _____
PHONE _____ TELEFAX _____ E-MAIL _____

2. ACCOMPANYING PERSON(S)

MR / MRS / MS _____ (Last Name) FIRST NAME _____
MR / MRS / MS _____ (Last Name) FIRST NAME _____

3. Accommodation

Please reserve my Accommodation in the following Hotel:

1st Choice Hotel _____
2nd Choice Hotel _____
Single _____ Double _____
Arrival ___ / ___ / 2005 Departure ___ / ___ / 2005 Total Nights _____
_____ night(s) X _____ room(s) X _____ **(A) TOTAL** _____

(We confirm another Hotel if choices are already Fully Booked)

4. METHOD OF PAYMENT

Please charge my Credit Card VISA___ MASTERCARD___ AMERICAN EXPRESS___ DINERS___
Credit card Number _____ Expiry Date ___ / ___
CVV _____ (last 3 numbers on the back side) Owner's Name _____
Address _____

Bank Transference to:

| | |
|-------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>In this case, please send us a copy of the Bank Transference</p> | <p>→ Banco BPI, SA Centro de Empresas Porto Viagens Abreu S.A. Account number : 1292463-000-001 Bank Swift BBPIPTPL IBAN nº: PT.50001000001292463000131</p> |
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BOOKING & PAYMENT CONDITIONS

Two nights deposit must accompany this Application Form **no later than July 15th**
The remaining amount must be paid until August 16th 2005.
Viagens Abreu will send you confirmation by fax, letter or email.

Date : _____ Signature : _____