



HOTEL RESERVATION FORM
22nd Annual International Sustainable Development Research Society Conference

Please complete this form and return it by mail to:

Skyna Hotel Lisboa

Patricia Moura – Sales Manager

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http: www.skynahotels.com

Reservation Details

Family Name _____ First Name _____
Address _____
City _____ Country _____
Telephone _____ Fax _____
E-mail _____

Day of Arrival: _____ Day of Departure: _____
Arrival time: _____

Single Room – 85,00 € ☐ Double room – 95,00 € ☐
Rate is per room and night and includes Buffet Breakfast, internet wifi, taxes and service.

Payment and Cancellation Conditions
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The room cannot be guaranteed until your (valid) credit card details covering the first night's room rate have been received.

- Room cancellations made between 15 and 7 days prior to arrival date are subject to **1 NIGHT** penalty.
- Room cancellations made between 6 days and the arrival date are subject to full stay charge

☐ Visa ☐ Access/Master Card ☐ Dinners ☐ American Express

Card number _____ Expiry Date _____

Three last numbers of the digit security code authorization is needed (see at the back of your card)

Please attach a copy of the front and reverse side of the credit card.

When no copy is enclosed, the reservation is not guaranteed.

The signature on the card should match the signature on this form.

Signature _____ Date _____