



HOTEL RESERVATION FORM
Hotel: VILA GALE SANTA CRUZ - MADEIRA
Event: ICSPORTS, NEUROTECHNIX, CHIRA, IC3K, IJCCI
Dates: 30 October to 3 November

GUEST INFORMATION

Last name: _____ First Name: _____
Country: _____
E-mail: _____

TYPE OF ROOM:

Single 76,5€, per night, per room
Twin/Double 90€, per night, per room

Breakfast included at the restaurant from 07h00 to 10h30.

RESERVATION DATES

Arrival date: _____ Departure Date: _____

The hotel will confirm the reservations individually on request basis from event allotment

Check- in time is 2:00 p.m. Room assignment prior to this time is subject to availability.
Check - out time is 12:00 noon. Check-out after this time will be charged an additional night's stay.

HOTEL CANCELLATION POLICY

Cancellation less than 7 days before the arrival day: the hotel will charge 100% of the total stay on the CC.

CREDIT CARD INFORMATION

Kindly note: Reservations must be guaranteed by credit card.

American Express _____ Visa _____ Master Card _____ Diners Card _____
Credit card number: last 4 digits only
Expiry date: _____

Please fill in the above information and after receiving the details Hotel Reception will get in touch with to get the full details of your credit card and charge 25% of the total amount of the reservation as a guarantee.

Or you can make a Bank transference of 25% of the total amount of the reservation as a guarantee to the following:

Hotel Vila Gale SANTA CRUZ
SWIFT: TOTAPTPL
IBAN: PT50 0018 0003 14059042020 89

Please send this form by e-mail to: madeira.grupos@vilagale.com