

**SMC 2009 – 6TH SOUND AND MUSIC COMPUTING CONFERENCE\***  
**HOTEL RESERVATION FORM**  
 Please fill **ONE FORM PER PARTICIPANT** and in **CAPITAL LETTERS**



BY CHOICE HOTELS  
**Quality Inn Portus Cale (\*\*\*\*)**  
 Av. Boavista, 1060  
 4100-113 Porto – Portugal  
 Tel: + 351 22 6083900 . Fax: + 351 22 6083906

**Participant:**

Family name: \_\_\_\_\_

First name: \_\_\_\_\_

Company name: \_\_\_\_\_

Postal code: \_\_\_\_\_ City: \_\_\_\_\_ Country: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

**Room Rates** (price per night, breakfast, taxes and services included):**Single room: € 72.00****Double room: € 80.00**Single room Double room 

Total amount estimated: 00.00 €

Date of arrival: \_\_\_\_\_ Date of departure: \_\_\_\_\_

**Booking and cancellation conditions:****Conditions of payment**

- a) The Client shall make an immediate down payment to guarantee reservation, equivalent to 25% of the Master Account estimate no later than the 22<sup>nd</sup> June.
- b) A second down payment corresponding to an additional 50% of Master Account estimate must be done up to the 15 July;
- c) The balance of accounts, should take place on the check-out
- d) All payments shall be made by credit card. For bank transfer please contact hotel.
- e) In case of partial, full cancellation or no-show, down payments will not be refunded.

**Credit cards accepted:**
 American Express  Diners Club  Euro card / MasterCard  Visa

Credit card. Nr. .... Security code. EXP. Date.

Credit card holder's name: \_\_\_\_\_ Signature: \_\_\_\_\_

**Please note that only reservations with above information will be considered**

Kindly fax or mail this form, duly completed, to:  
**FAX: + 351 22 6083906 or [quality.portuscale@grupo-continental.com](mailto:quality.portuscale@grupo-continental.com)**