

Dynamo Training School
Hotel Zuriqre Registration Form
 Rua Ivone Silva, nº 18, 1050-124 Lisboa
<http://www.viphotels.com/vip-zuriqre.htm>

REGISTRANT INFORMATION (please type in English):

Name	Given name _____ Family name _____
Title	<input type="checkbox"/> Prof <input type="checkbox"/> Dr <input type="checkbox"/> Mr <input type="checkbox"/> Ms
Affiliation	_____
Mailing Address	_____
Telephone	_____
Fax	_____
Email	_____
Arrival and Departure Dates	Arrival Date: ___/___/2006 (day/month/year) Estimated Arrival Time: _____ h Departure Date: ___/___/2006 (day/month/year)
Bedroom Reservation	<input type="checkbox"/> Single Bedroom (€ 56,50 per night with breakfast) <input type="checkbox"/> Double Bedroom (€ 63,00 per night with breakfast) If you checked the double bedroom, you may suggest a room mate: <div style="border: 1px solid black; height: 20px; width: 600px; margin-top: 5px;"></div>
Credit Card Information	<input type="checkbox"/> VISA <input type="checkbox"/> MasterCard <input type="checkbox"/> American Express Credit Card No: _____ Expiration Date: _____ CVV (3 rightmost digits of the number on the back of the card): _____ Name of the Cardholder: _____ Signature: _____ Date: _____ All registrants that do not show up are subject to be charged the first night.
Sending	Please complete and send this form until June, 1st 2006 To: Reservations Department Fax: +351 217814101 Att: Susana/Helena
Other Contacts:	Tel: + 351 217814000 email: hotelzuriqre@viphotels.com