

ICCAT GROUP
9th to 14th June 2024



Please return this registration before 1st May 2024 to: events.manager@renaisanceportolapa.com

Personal Informations

Mr. Mrs

First Name : _____ Last Name : _____

Second Guest Name (if applied) : _____

Arrival Date : _____ **Departure Date** : _____

Contact number : _____ E-mail : _____

Special request : _____

Passport/ Identification details

Number : _____ Date of Birth : _____

Emission Date : _____ Expiry date : _____

Reservation

Deluxe Room

- Single € 200,00 per room/night w/ breakfast included (vat included)
- Double € 215,00 per room/night w/ breakfast included (vat included)

Please inform time of Arrival: _____

Cancellations and No-Show Policy

Cancellations without penalty: until 8th May 2024
Cancellations between 9th to 28th May 2024: Payment of first night
Cancellations between 29th May 2024 to Arrival date: Fully charged
No-Shows will be fully charged

Payment Policy

The reservation must be prepaid in full by credit card:

- Visa Mastercard American Express Other: _____

Credit Card Holder: _____

Credit Card Number: _____

Expiry Date: _____

CVV Code Nr: _____

The hotel reserves the right to charge the credit card to guarantee the reservation from the moment it is made.

Date : _____

Signature : _____