

ICDCS-2006 Hotel Reservation Form

2006 International Conference on Distributed Computing Systems

REGISTRANT INFORMATION (please, print or 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																														
Email																														
Hotel Reservation	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 40%;"></th> <th style="width: 15%;"></th> <th style="width: 15%;">Arrival Date</th> <th style="width: 15%;">Departure Date</th> <th style="width: 15%;">Number Nights</th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/> Radisson SAS Hotel</td> <td><input type="checkbox"/> Single Room <input type="checkbox"/> Double Room</td> <td></td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> Hotel Holiday Inn Lisboa Continental</td> <td><input type="checkbox"/> Single Room <input type="checkbox"/> Double Room</td> <td></td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> Sana Metropolitan Park Hotel</td> <td><input type="checkbox"/> Single Room <input type="checkbox"/> Double Room</td> <td></td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> Hotel NH Campo Grande</td> <td><input type="checkbox"/> Single Room <input type="checkbox"/> Double Room</td> <td></td> <td></td> <td></td> </tr> </tbody> </table>							Arrival Date	Departure Date	Number Nights	<input type="checkbox"/> Radisson SAS Hotel	<input type="checkbox"/> Single Room <input type="checkbox"/> Double Room				<input type="checkbox"/> Hotel Holiday Inn Lisboa Continental	<input type="checkbox"/> Single Room <input type="checkbox"/> Double Room				<input type="checkbox"/> Sana Metropolitan Park Hotel	<input type="checkbox"/> Single Room <input type="checkbox"/> Double Room				<input type="checkbox"/> Hotel NH Campo Grande	<input type="checkbox"/> Single Room <input type="checkbox"/> Double Room			
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Payment Information	<p><input type="checkbox"/> By credit card. I authorize the amount of _____ EURO to be charged on my credit card:</p> <p><input type="checkbox"/> VISA <input type="checkbox"/> MasterCard</p> <p>Credit Card No: _____ Expiration Date: _____</p> <p>CVV (3 rightmost digits of the number on the back of the card): _____</p> <p>Name of the Cardholder: _____</p> <p>Signature: _____ Date: _____</p> <p>If paying by credit card, please fill out the credit card information, and then FAX this form to the fax number given below.</p>																													
Sending	<p>Please complete and send this form to:</p> <p>To: VIAGENS ABREU, S.A. Edifício da Reitoria Alameda da Universidade 1649-004 Lisboa, Portugal</p> <p>Fax: +351 21 7818339 Subject: ICDCS 2006 Hotel Reservation</p>																													
Other Contacts:	Tel: +351 21 7818330 email: universidade@abreu.pt																													