

BOOKING FORM

Attn: REAL MARINA HOTEL & SPA

Group reservations

Phone: (+351) 289 598 020

E-mail: talita.rinaldi@hoteisreal.com / ines.caeiro@hoteisreal.com

Grupo TMSFrom November 16th to November 19th 2016

CLIDNAME	NAME.
	NAME:
	COUNTRY:
PHONE:	E-MAIL:
(No	te: This information is only to confirm your reservation) Accommodation
Arrival Date:	
Departure Date:	
Room Type	□ € 70.00 Individual Room ROH / night
(please select your option)	 □ € 70.00 / Double Room ROH / night □ € 95.00 / Single Room Sea View / night □ € 105.00 / Double Room Sea View / night
Buffet Brekfast, Service and taxes inc Indoor pool, Gym, Internet included	· · · · · · · · · · · · · · · · · · ·
ROH "run of the house" include	Village view rooms and Apartments T1, T2 & T3.
PAYMENT: Credit Card Details:	Number:
	Expires: CVV:
	Name on the Card:
All reservation have to be made until O	ctober 03 rd , after this date, requests will be confirm depending on the Hotel's availability and r
To confirm and guarantee your reservation confirm and guarantee your reservation confirms and confirms from the confirms and confirms and confirms from the confirms and confi	on it is necessary a valid credit card number with all requested information.
Cancelation Policy: Booking cancelation the reservation	from 30 days prior the arrival date inclusive or "no show", the Hotel will charge the total amour
(Signature)	(Date)

HOTEL'S CONFIRMATION