

# HOTEL RESERVATION:

RETURN this Form to: [info@ironix-events.com](mailto:info@ironix-events.com) or

**Fax. ++ 607 553 7727**

Check-in \_\_\_\_\_ Check-out \_\_\_\_\_  
dd/mm dd/mm

HOTEL Name:	<input type="checkbox"/> Pestana Alvor Beach * Conference Venue <input type="checkbox"/> Pestana DELFIM *3min. Walk from Conference Venue <input type="checkbox"/> Ibero Alvor *3km from Conference Venue
ROOM:	<input type="checkbox"/> Double <input type="checkbox"/> Single <input type="checkbox"/> Share the Room <input type="checkbox"/> Smoking <input type="checkbox"/> NO-Smoking <input type="checkbox"/> Number of beds
Title (Prof., Dr., Mr., Mrs.,...):	
Your Full Name:	
Accompanied by:	
CONFERENCE:	<input type="checkbox"/> DSL-2007 <input type="checkbox"/> NanoSMat <input type="checkbox"/> ACE-X
E-mail:	
Country:	

A credit card number is necessary to guarantee your reservation. The inserted information will be protected, and this transaction will be done with additional security. The Hotel Payment will be done on your check-out.

Credit Card Type (visa, Master.....)	
Credit Card Number	
CVD (3 last numbers)	
Expiration date	____/____ (Month/Year)
Name on Credit Card	

**Cancellation:**

Reservation Cancellation must be done at least **45 days** before your arrival date.

confirm your hotel reservations well in advance to save dissatisfaction