HOTEL BOOKING FORM

8th Advances Against Aspergillosis
Lisboa Congress Centre, Lisbon, Portugal
1 – 3 February 2018

LISBON, PORTUGAL
1st to 3rd February 2018

GENERAL INFORMATION
All reservations must be processed through the Housing Agency.

As an alternative to the online booking, please fill in and return this form to the Housing Agency:
AIM Group International – Lisbon Office
Avenida Conde Valbom, 6, 5th floor
1050-068 Lisboa – Portugal
Phone:+351 21 324 5054
e-mail: aaa2018@aimgroup.eu
Scanned forms are considered originals.

RESERVATION
Hotel accommodation will be guaranteed to those who will send the request within December 29th, 2017. After this date, rooms will not be guaranteed and can only be handled upon availability. Rooms will be assigned on a first-come first-served basis.

PAYMENT POLICY
Rates are quoted in EUROS, per room, per night, breakfast and all taxes included.
Accommodation can only be guaranteed when a deposit of one night has been received by AIM Group - Lisbon Office.
The balance must be paid 1 month (December 29th, 2017) prior to the arrival date. After December 29th, 2017 only payments by credit card will be accepted.

CANCELLATION POLICY
Any change or cancellation of the hotel reservation must be sent in writing to AIM Group International – Lisbon office. Refunds for cancellation will be as follows:
Until November 29th, 2017: full refund
Between November 30th until December 29th, 2017: 50% refund of total stay
From December 30th, 2017 onwards or no show: 100% cancellation fee is applied. No refund.

All approved refunds will be processed and issued within 60 days after the Congress.

PRIVACY LAW
In compliance with the Portuguese Law 67/98 regarding personal data protection, AIM Group International – Lisbon office hereby informs that the information here given will solely be managed internally and used exclusively for the purpose of communication within the scope of the congress activities such as scientific and social. By filling in this form you authorize AIM Group International to use the given personal data for the above mentioned purpose. You have the right to modify or cancel the data here given. Should you wish to do so please contact the conference secretariat:
AIM PORTUGAL Lda,
Avenida Conde Valbom, 6 – 5th floor
1050-068 Lisbon – Portugal

UNEXPECTED CANCELLATION OF THE EVENT OR IMPOSSIBILITY TO HOLD IT
In the unlikely case that the Conference cannot be held in whole or in part due to any event beyond the Organisers' control or force majeure such as riot, fire, explosion, accident, flood, earthquake, sabotage, strikes, acts of any government, war, terrorism etc. the Housing Agency cannot be held liable for any damages, costs or losses incurred, such as transportation and accommodation costs, or any other direct or indirect loss or consequential damage. The Organization encourages participants to take out their own insurance for the duration of their stay.

I authorize the treatment and communication of my personal data as described above.

Date _____

Signature _____

Personal Details (Please use CAPITAL letters)

Title/Degree | Last Name/Family Name | First Name/Given Name

Address | City

Region/Province/State | ☐ Home ☐ Work | Zip Code | Country

Telephone /Business | Telephone/Home | Fax Number

e-mail (Required - All Congress information will be sent via email) | Mobile

Invoice Details (mandatory)

Company/Individual Name

Address | City

Region/Province/State | Zip Code | Country

Fiscal Code | VAT Number

ACCOMMODATION

Select preferred room type: ☐ Single room ☐ Double room ☐ Twin room

Hotel - First Option	Hotel - Second Option	Hotel - Third Option

Arrival Date (dd/mm) | 2018

Departure Date (dd/mm) | 2018

Total Nights:

Special request

Accompanying Person

Last Name/Family Name | First Name/Given Name

PAYMENT

Please note that credit card details are mandatory even when paying by bank transfer in order to guarantee your booking. For bank transfer payments credit card will only be charged in case of penalties. Payment of full stay is required until December 29th, 2017. From December 30th, 2017 onwards only payment by credit card will be accepted.
By filling in this form you authorize AIM Portugal Lda to charge your credit card for the balance of the foreseen stay.

Credit Card ☐ VISA® ☐ MasterCard®/ EuroCard® ☐ American Express®

Credit Card Number: |__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|

Expiry Date: MONTH/YEAR |__|__|/|__|__| SECURITY CODE (CW2/CVC2*) |__|__|__|__|

*Security code: last three figures appearing on the back of the card, in the signature space

Cardholder's Name _____ Cardholder's Contacts _____

Authorized Signature _____

Bank Transfer Please transfer the payment to **AIM Portugal Lda.**

Account number: 000331773427020
Bank Name: BANCO SANTANDER
Bank Adress: Rua da Mesquita, 6 Centro Totta A7A, Lisboa
SWIFT /BIC Code: TOTAPTPL
IBAN: PT50 0018 0003317734270 20 58

Note. This payment form should clearly state the names(s) of the delegate(s) and should clearly state "**AAA2018**".
Please enclose herewith copy of bank receipt.

Date _____ Signature _____