


CONRAD

ALGARVE

NEVER JUST STAY. STAY INSPIRED.

ESRA Spring Meeting 2020 – Accommodation Registration form**GUEST DETAILS**

Arrival date: _____ Departure Date: _____

First Name: _____ Surname: _____

Phone number: _____ E-mail: _____

ACCOMMODATION RATES VALID FROM 20TH TO 24TH OF APRIL 2020:**STANDARD ROOMS**King Deluxe Room (Single Occupancy): € 235.00 per room, per night ☐King Deluxe Room (Double Occupancy): € 255.00 per room, per night ☐Twin Deluxe Room (Double Occupancy): € 255.00 per room, per night ☐

* Rates are inclusive of breakfast and all the taxes

DEPOSITS AND CANCELTION POLICY

The above negotiated rate requires full pre-payment upon confirmation and is non-changeable and non-refundable.

Credit Card Payment Authorization Form

*Please complete all areas below. Incomplete requests may be rejected. This form must be received within a maximum of 48 hours after confirmation has been issued, or by specified date in Event Contract, to ensure acceptance of the credit card to be charged. Please email your completed form to the below contact. Please disregard **Red** option fields*

EMAIL: conradalgarve.events@conradhotels.com PHONE: +351 289 350 700

ATT: _____

DATE: _____

Guest / Group Name:		
Check-In / Event Date:	Check-Out/ Event Date	Confirmation number:
Name of Person/Group Making Reservation:		Phone:
Authorized Amount:	Approval Code:	Date:


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CARDHOLDER - Please complete the following section and sign/date below.

Cardholder Name as it Appears on Credit Card:		
Cardholder Billing Address:		
City:	State:	Zip:
Daytime /Business Telephone:		Evening Telephone:
*** CREDIT CARD NUMBER MUST BE PROVIDED VERBALLY TO THE HOTEL DIRECTLY***		
A HOTEL TEAM MEMBER WILL CONTACT YOU AFTER THE COMPLETED FORM HAS BEEN RETURNED		
Name of Contact for Credit Card Information:		
Phone Contact:		Email Contact:
Credit Card Type: (Circle one)		
Visa/MasterCard		American Express
Credit Card Issuing Bank Name:		Bank Phone Number (from back of your credit card):
I agree to cover the following categories of charges: (Please circle)		
Deposit Only All Charges Room & Tax Food & Beverage All Banquet Charges Banquet Room Rental		

I agree to cover the above categories of charges up to a Maximum Amount of € _____

Note: Charges for room and tax, group deposits will be charged to your credit card immediately. Any incidental charges circled above will be charged at the time of check-out.**Per Hilton Worldwide policy all credit card information must be provided verbally to the hotel directly. DO NOT PROVIDE CREDIT CARD NUMBER ON THIS FORM. IT IS MANDATORY TO HAVE THE CREDIT CARD USED FOR DEPOSITS PRESENT AT TIME OF CHECK-IN**

Amount to be immediately charged to credit card € _____

By signing below, you authorize the hotel to charge your credit card immediately for the amount indicated above up to the "Maximum Amount" indicated above. You further acknowledge that if "all charges" has been selected, then all guest/group related charges (less Deposit) will be charged to the card provided.

Cardholder Signature: _____

Date: _____