



Dbi 2011

Hotel Reservation

Please, return this form filled and signed for:

Acquaviva Promoções e Eventos
 Fax +(55) 11 3501 8018 - Phone +(55) 11 3571 3363
 Email: faleconosco@dbi2011.com.br
 website: www.dbi2011.com.br



Hotel	Room	Price in R\$ (Reais)				Observations
		Single	Doble			
INTERCITY IBIRAPUERA*** Avenida Ibirapuera, 2577 Ibirapuera - São Paulo - SP	Luxo	<input type="checkbox"/> R\$ 205,00	<input type="checkbox"/> R\$ 235,00	double bed <input type="checkbox"/>	twin bed <input type="checkbox"/>	Breakfast included Parking included Internet included Plus: R\$2,20 of tax per day + 5% ISS Check-in/out: 14pm/12am
ESTANPLAZA IBIRAPUERA*** Av. Jandira, 501 Moema - São Paulo - SP	Luxo	<input type="checkbox"/> R\$ 260,00	<input type="checkbox"/> R\$ 305,00	double bed <input type="checkbox"/>	twin bed <input type="checkbox"/>	Breakfast included Parking included Internet WIFI included Plus: R\$2,20 of tax per day + 5% ISS Check-in/out: 14pm/12am
PARK INN IBIRAPUERA**** Av. Ibirapuera, 2534 Moema - São Paulo - SP	Superior	<input type="checkbox"/> R\$ 212,00	<input type="checkbox"/> R\$ 341,00	double bed <input type="checkbox"/>	twin bed <input type="checkbox"/>	Breakfast included Parking: R\$20,00 per day/per room Internet included Plus: R\$2,20 of tax per day + 5% ISS Check-in/out: 14pm/12am

Notes: Taxes not included. When applicable - see Observations
 All the prices above were available exclusively for this Congress.
 * Hotel category listed per stars rates

RESERVATION DATA

Guest name: _____
 Special Needs: _____
 Guided Dog: Yes No
 Address: _____
 Post Code: _____ City: _____
 Country: _____ Phone: _____ Mobile: _____
 Passport number: _____ E-mail *: _____
 Acco. person: _____
 Interpreter: _____
 Passport number: _____
 Arrival day (DD/MM/YYYY): _____ Departure day (DD/MM/YYYY): _____
 Smoking room No smoking room

*** THE RESERVATION WILL ONLY BE CONFIRMED BY EMAIL, PLEASE, SEND IT AS CLEAR AS POSSIBLE**

NO SHOW GUARANTEE CREDIT CARD INFORMATION

In case of no show on the day of reservation, the Hotel will debit from this card one daily rate. Otherwise, nothing will be charged from the card. Payment directly to Hotel reception on check in.

AUTORIZATION ON CREDIT CARD

Credit card: American Express Visa Mastercard
 Number of credit card: _____
 Expire date (month/year): _____ 20____
 Secure code: _____

Signature

The name as it on the credit card

Obs: Requests for cancelling the reservation will be accept until 4 days before the check in on the Hotel.
