**Hotel Sintra Reservation Form**

Guest name       *(same as your passport)*

Address

Email       Telephone

Arrival details

**Please click to mark X at the room and services you require (preferential rates and guaranteed before 15 July 2015).**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Date | Standard | Deluxe | Breakfast per guest | Extra bed |
| SAT, 5 SEPT | MOP1,207.50 | MOP1,380 | MOP108 | MOP345 |
| SUN, 6 SEPT | MOP920 | MOP977.50 | MOP108 | MOP345 |
| MON, 7 SEPT | MOP920 | MOP977.50 | MOP108 | MOP345 |
| TUE, 8 SEPT | MOP920 | MOP977.50 | MOP108 | MOP345 |
| WED, 9 SEPT | MOP920 | MOP977.50 | MOP108 | MOP345 |
| THU, 10 SEPT | MOP920 | MOP977.50 | MOP108 | MOP345 |
| FRI, 11 SEPT | MOP1,207.50 | MOP1,380 | MOP108 | MOP345 |
| Total: | $ | $ | $ | $ |
| Grand TOTAL | $      [room type (standard/deluxe) + breakfast (if required) + extra bed (if required)] | | | |

(Above rates are nett inclusive 10% service charge and 5% government tax daily)

|  |  |
| --- | --- |
| Settlement | * All charges will be on guest account * The total room costs will be deducted from your credit card upon reservation * No cancellations will be entertained |
| Credit Card Details | Credit Card Type  Credit Card Number       Expiry Date  Cardholder Name  Signature       *(please type your full name)* |
| Terms & Conditions | * Free in-room WiFi and local call services * Check-in time from 14:00 & check-out time at 12:00 noon |
| Remarks |  |

I authorise Hotel Sintra to charge total payments MOP      from my credit card for the room costs as stated above. I hereby type my full name to denote my agreement:

Type full name:       *(please type in block letters)*

Please email your form or any enquiries to [sales@hotelsintra.com](mailto:sales@hotelsintra.com) or contact the Hotel Sales Office at (853) 8797 8832 / (853) 8797 8838