

PODC 2012

31st ACM Symposium on Principles of Distributed Computing
Madeira, Portugal



Registration Form PODC'12: ACM Symposium on Principles of Distributed Computing from the 16th to the 18th July 2012

I would like to book my room reservation in Hotel CS Madeira Atlantic Resort & Sea SPA, as follows:

Surname:		First Name:	
Address:			
Country:	City:	Zip Code:	
Phone Number:		Fax Number:	
E-mail address:			

Accommodation

Arrival Date:	Arrival Time:	Departure Date:	Departure Time:
Flight Number:		Flight Number:	

. In case of sharing room with other conference attendee, please specify:

Name: _____ Arrival Date: _____ Arrival Time: _____

Room Type	Double Room, Single occupancy (max. 01 adult)	Double Room, Double occupancy (max. 02 adults)	Double Room, Triple occupancy (max. 03 adults)	Superior Family Room (max. 04 adults + 1 cot)
	<input type="checkbox"/> Euro 98.00	<input type="checkbox"/> Euro 114.00	<input type="checkbox"/> Euro 150.00	<input type="checkbox"/> Euro 199.50

. Prices above mentioned are per room/ night and include legal taxes, VAT and Buffet Breakfast

. Prices above mentioned are also valid for early arrivals and stay-over according to the Hotel's availability.

Total Cost for my Booking: Euro _____

OBSERVATIONS:

- Room reservation will be valid, only when the Hotel receives an advance deposit (non-refundable) of one night stay to guarantee the reservation;
- A credit card should be provided in order to hold the remaining nights of the reservations;

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Method of Payment

. Credit Card

   Other: _____

Name Card: _____

Card Number:

Security Code:

Expiry Date: _____

I authorize CS Madeira Atlantic Resort & Sea SPA to debit in my credit card a total value of: Euro _____

OR

. Bank Transfer (Please send a copy by fax or e-mail):

Banco Popular – Titular: Carlos Saraiva Madeira Exploração Turística – IBAN: PT50 0046 0392 0060 0138 7180 9 –
BIC: CRBNPTPL – NIB: 0046 0392 00600138718 09

. Invoice/ Receipt (in name of): _____ VAT Number: _____

Address: _____

City: _____ Zip: _____ Country: _____

_____, _____
(City) (Day, Month, Year)

(Signature)

Cancellations Deadlines

- Cancellations made before 09th July 2012: no cancellation policy will be applied; except for the non refundable one night of stay.
- Cancellations made from the 09th July 2012 onwards or no-shows: 100% of total reservation will be applied.

Special Requests: _____