



HOTEL RESERVATION FORM

Please fax or send by email
Fax: 55 21 2274 8042
E-MAIL: reservas.rio@sheraton.com

AMERICASCOM / IPTV AMERICAS

June 29th to 02nd July 2010

Block ID: 412006

Block Code: IBC29JUN

Arrival Date: _____ **Departure Date:** _____ **Number of nights:** _____

Name: _____

Company: _____

Address: _____

Phone: _____ **Fax:** _____ **Email:** _____

Credit card type: _____ **Expiry Date:** _____

Credit Card Number: _____ **Card Holder:** _____

Credit card Security Code (last 3 digits on the back): _____

Hotel Reservation Request: Single / Double

- | | |
|---|--|
| <input type="checkbox"/> Classic (Parcial Ocean View) | SGL R\$ 319,00+ 15% / DBL R\$ 349 + 15% |
| <input type="checkbox"/> Superior (Parcial Ocean View) | SGL R\$ 357,00+ 15% / DBL R\$ 387 + 15% |
| <input type="checkbox"/> DeLuxo (Front Ocean View) | SGL R\$ 395,00+ 15% / DBL R\$ 425 + 15% |
| <input type="checkbox"/> Junior Suite (Parcial Ocean View) | SGL R\$ 471,00+ 15% / DBL R\$ 501 + 15% |
| <input type="checkbox"/> Executive Suite (Front Ocean View) | SGL R\$ 509,00+ 15% / DBL R\$ 539 + 15% |

Above rate are expressed in USD and are subject to 15% tax (10% service charge, 5% municipal tax). Breakfast is included in the rate .Check in and check out times: 3pm and 12 noon respectively. Early Check In and Late Check Out will be charged as full rate.

All reservations must be held with a credit card.
Reservations will be confirmed upon availability.
Cancellation / no-show policy: Reservations cancelled less than 48 hours prior to arrival date will be charged one night.

Signature: _____ **Date:** _____

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