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:

<table>
<thead>
<tr>
<th>Surname:</th>
<th>First Name:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address:</td>
<td></td>
</tr>
<tr>
<td>Country:</td>
<td>City:</td>
</tr>
<tr>
<td>Phone Number:</td>
<td>Fax Number:</td>
</tr>
<tr>
<td>E-mail address:</td>
<td></td>
</tr>
</tbody>
</table>

**Accommodation**

<table>
<thead>
<tr>
<th>Arrival Date:</th>
<th>Arrival Time:</th>
<th>Departure Date:</th>
<th>Departure Time:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Flight Number:</td>
<td>Flight Number:</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

Name: ______________________________ Arrival Date: __________ Arrival Time: __________

<table>
<thead>
<tr>
<th>Room Type</th>
<th>Double Room, Single occupancy (max. 01 adult)</th>
<th>Double Room, Double occupancy (max. 02 adults)</th>
<th>Double Room, Triple occupancy (max. 03 adults)</th>
<th>Superior Family Room (max. 04 adults + 1 cot)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>☐ Euro 98.00</td>
<td>☐ Euro 114.00</td>
<td>☐ Euro 150.00</td>
<td>☐ Euro 199.50</td>
</tr>
</tbody>
</table>

. 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;

Please send this Registration Form to CS Madeira Atlantic Resort & Sea SPA.
Fax: 00 351 291 768 449   E-mail: comercial.madeiraatlantic@cshotelsandresorts.com
Tlf: 00 351 291 768 448
www.cshotelsandresorts.com
Method of Payment

. Credit Card

☐ VISA ☐ American Express ☐ MasterCard ☐ 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):


. 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: _______________________________________________________________