



BRAZIL DESTINATION MARKETING DE TURISMO LTDA.

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**XX INTERNATIONAL CONFERENCE OF BIOENERGETIC ANALYSIS –  
BODY IN POETRY  
ATLÂNTICO HOTEL– BÚZIOS – RIO DE JANEIRO  
October 21 - 25, 2.009**

**HOTEL RESERVATION FORM:**

LAST NAME:		NAME::	
PASSPORT NUMBER:			
ACCOMPANYING PERSON AND AGE (IN CASE OF CHILDREN):			
1.		PASSPORT NUMBER:	
2.		PASSPORT NUMBER:	
COMPLETE ADDRESS:			
PHONE NUMBER:		FAX:	E-MAIL:
ARRIVAL DATE:		DEPARTURE DATE:	
TYPE OF ROOM TO BE BOOKED AT THE ATLANTICO HOTEL:			
<input type="checkbox"/> Single room <input type="checkbox"/> Double room <input type="checkbox"/> Twin room (2 single beds) <input type="checkbox"/> Triple room <input type="checkbox"/> Please send me information about another hotel option.			
I Authorize BRAZIL DESTINATION to debit to my <input type="checkbox"/> VISA <input type="checkbox"/> MASTERCARD <input type="checkbox"/> DINERS credit card number ..... security code ..... valid until ..... the total amount of R\$ ....., including additional 5% for taxes, equivalent to: <input type="checkbox"/> full payment of the above mentioned hotel reservation <input type="checkbox"/> hotel reservation + roundtrip Rio/Buzios/Rio transfers.			
NOTE: Please send this form via fax 55 21 3325 1038 or e-mail <a href="mailto:brazil@brazildestination.com.br">brazil@brazildestination.com.br</a> together with the copy of the credit card (back and front). <b>I declare I read and agree with all the above conditions for hotel reservation, including cancellation policy and deadlines.</b>			
Signature (same as the credit card):			
Name:			
Date:			