

from the Capitals of Europe

5th UNICA Scholarly Communication Seminar "Find it, Get it, Use it, Store it"



Rectorat UNL (Lisbon) and FCT/UNL (Caparica), Portugal

8th and 9th November 2010

REGISTRATION & HOTEL BOOKING FORM

You are kindly requested to submit your registration form as soon as possible, preferably before October 11, 2010

Please fax or mail, to:

Top Atlântico DMC - Congress Department - Att: Mr. Vitor Alves Av. Dom João II, Lote 1.16.1 - 1900-083 Lisboa, Portugal Tel: (+ 351) 218 925 405 Fax: (+ 351) 218 925 406 e-mail: lisboa.congress@topatlantico.pt



A PERS	ONAL DATA	 Please tick- 	off and fi	ll in								
Prof.	Dr.	N	۸r.	Mrs	i.	Ms.						
Last Name: First Name:												
Institution:												
Department:												
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Special diet requ	uirements:	Vegetarian	Other, pl	ease specify:_								
Arrival:				Departure:								
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B PRES	ENTATIONS	- Please tick	off and fi	ll in								
Are you presenting a paper in the seminar? Yes No												
· .	licate the paper											
C ACCC	MPANYING	PERSON(S) –	Please fil	l in								
Last Name:			First N	ame:								
D REGI	STRATION F	EES – Please	tick-off a	nd fill in								
							Total in EUR					
UNICA member / Speaker Fr				е			Free					
Non-UNICA member € 15				50,00			€					
Accompanying P	erson		€ 7	70,00			€					
				To	otal amount for	Registration	€					
	days), conferen	attendance to all so ce dinner. Accomp										
E ACCC	OMMODATIO	N – Please tic	k-off and	fill in								
Arrival Date:	Departure Date:				Nur	mber of nights:						
Hotel	Ca	ategory		gle room	Double		Total in EUR					
Sana Malhoa		* * * *		€ 80,00	€	90,00	€					
Ibis Malhoa		* *		€ 64,50	€	70,00	€					
				Total	amount for Acc	commodation	€					

Rates are in Euros (€) per room, per night, including breakfast, VAT and taxes. These special rates are available only if booking is made and paid through Top Atlântico DMC. Reservation requests will be confirmed on a *first come, first served* basis. If your choice is no longer available a similar alternative accommodation will be offered.

F	SIGHSEEING TOUR	S – Please t	ick-off and fill i	in					
No minimum number of persons required.			Date		Tickets per person	Total in EUR			
	Lisbon City Tour (Daily)	€ 32,00	0	9:00	Ticket(s) x € 32,00	€			
	Half day (3 hours)	€ 32,00	1	4:30	Ticket(s) x € 32,00	€			
	Sintra / Estoril / Cabo da Ro Half day (4 hours)		_			_ 1			
	_	€ 54,00		4:30	Ticket(s) x € 54,00	€			
	<u>Óbidos / Nazaré / Fátima (lu</u> Full day (9 hours)	unch included) (€ 84,00	3,	9:00	Ticket(s) x € 84,00	€			
	Évora (lunch included) (<i>Tue</i>			77.00	110KCt(3) X C 04,00	C			
	 ` ` ` ` ` ` `	€ 79,00	<i>3</i> ,	9:00	Ticket(s) x € 79,00	€			
			Total amo	unt fo	or optional sightseeing tours	€			
G	CANCELLATION PO	LICV							
Registration : In case of cancellation, and provided that written notice is received by Top Atlântico before the 1 st October 2010, 80% of the registration fee will be refunded. We regret that no refunds can be made for cancellations after that date. "Noshows" are non-refundable and are liable for the full registration fee. Accommodation and Tours: All bookings must be fully prepaid. Requests received without payment will not be considered. Upon payment an official confirmation letter will be sent. Cancellations received before September 24 th 2010 will be refunded after the congress, minus € 25,00 administrative fees. After this date no refunds will be made. All refunds will be processed until 60 days after the Conference.									
н	FORM OF PAYMENT	– Please ti	ck-off and fill ir	า					
 Certified Bank Cheque, made payable to Top Atlântico DMC (Please attach or fax a copy of the certified bank cheque) (Personal cheques not accepted). 									
	Number:	Bank:			Amount:	€			
	Swift Bank Transfer (Please of Top Atlântico DMC – Viagens Top Atlântico DMC – Viagens Top IBAN: PT50 0033 0000 0000 8 Swift Code: BCOMPTPL Bank: Banco Comercial Portugu Address: Av.José Malhoa, Lote 1099-007 Lisboa, Po	urismo, S.A. 770 6440 5 uês 1682, Piso 3	,						
	Name of bank:		City:		Amount:	€			
	(All bank expenses must be borne by the participant)								
•	Credit card: V/SA Cardholder's Name	2MI FIRESTI RESTLESS	MasterCard		Other				
	Card number:	1 1 1 1 1		11	Exp. Date				
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Three last digits mentioned on the back of the card (Except AMEX):									
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Lia Per tran	ibility: sonal travel insurance is strongly rensport and travel services and in now kind whatsoever during arrangements.	event shall be liab ents organised thr	ole for acts or defaults in rough contractors or the	n case c	Fop Atlântico DMC act as agents only of injury, damage, loss, accident, dela yees of such contractors in carrying or y are offered to the public in general	y or irregularity of out services. Hotel			

Committee reserves the right to make changes where deemed necessary, without prior notice to parties concerned. All disputes are subject to the Portuguese law.

PLEASE FAX TO (+ 351) 218 925 406

An official confirmation will follow soonest possible. If you have chosen payment by certified bank cheque or swift bank transfer please make sure that you have duly completed all the payment details, otherwise your form will not be considered. If you have chosen payment by credit card please make sure that you have correctly filled all the required information, otherwise your form will not be considered.