



V Congresso Internacional da ABES  
4 a 7 de abril de 2017

Universidade Federal Fluminense  
Niterói, RJ, Brasil

**HOTEL BOOKING FORM**

RESERVATIONS MADE AFTER MARCH 1ST ARE SUBJECT TO AVAILABILITY.  
(PLEASE USE PRINT LETTER)

FULL NAME: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE/ PROVINCE: \_\_\_\_\_ COUNTRY: \_\_\_\_\_

POSTAL CODE: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

PHONE: ( ) ( ) MOBILE PHONE: ( ) ( )

**ACCOMMODATION :::**

**PRICES IN BRAZILIAN REAIS (R\$)**

PLEASE INDICATE YOUR PREFERENCE:	DISTANCE TO EVENT:	STANDARD			TAXES
		SGL ( )	DBL ( )	TPL ( )	
( ) H HOTEL <a href="http://hniteroi.com.br/acomodacoes/">http://hniteroi.com.br/acomodacoes/</a>	3,6KM	R\$ 317	R\$ 367	R\$ 417	12%
( ) MERCURE HOTEL <a href="http://www.mercure.com/pt-br/hotel-6934-mercure-niteroi-orizzonte-hotel/room.shtml">http://www.mercure.com/pt-br/hotel-6934-mercure-niteroi-orizzonte-hotel/room.shtml</a>	3KM	R\$369	R\$434	R\$ 499	2%
( ) ICARAÍ PRAIA HOTEL <a href="http://www.icaraipraiahotel.com.br/">http://www.icaraipraiahotel.com.br/</a>	3,5KM	R\$ 280	R\$ 320	R\$ 398	--
( ) SOLAR DO AMANHECER <a href="http://solaroamanhecer.com.br/quartos/">http://solaroamanhecer.com.br/quartos/</a>	6,3KM	R\$ 276	R\$ 316	R\$ 370	2%
( ) HOTEL CANTAREIRA <a href="http://www.hotelcantareiraniteroi.com.br/br/acomod.html">http://www.hotelcantareiraniteroi.com.br/br/acomod.html</a>	2,2KM	R\$ 210	R\$ 260	R\$ 300	5%

EVENT LOCATION: INSTITUTO DE LETRAS DA UFF (CAMPUS GRAGOATÁ) - PROF. MARCOS WALDEMAR DE FREITAS REIS STREET, S/Nº - BLOCO B - SÃO DOMINGOS - NITERÓI - RJ - POSTAL CODE: 24210-200

ALL PRICES ARE IN REAIS (BRAZILIAN CURRENCY\*), PER ROOM, PER NIGHT, BREAKFAST INCLUDED.

A MINIMUM 50% PAYMENT IS REQUIRED TO GUARANTEE YOUR RESERVATION. NO REFUNDS!

NAME(S) OF ACCOMPANYING PERSON(S):

1- \_\_\_\_\_

2- \_\_\_\_\_

CHECK-IN: \_\_\_\_\_ CHECK-OUT: \_\_\_\_\_ NUMBER OF NIGHTS: \_\_\_\_\_

IF YOU HAVE A PHYSICAL DISABILITY, NOTE ANY SPECIAL ARRANGEMENT REQUIRED:

**CREDIT CARD DETAILS REQUIRED**

I HEREBY AUTHORIZE THE HOTEL \_\_\_\_\_ TO CHARGE R\$ \_\_\_\_\_ (50% OF PERIOD PLUS TAXES) ON THE CREDIT CARD BELOW AS A GUARANTEE FOR THE PERIOD INDICATED ABOVE.

TYPE OF CARD: ( ) VISA ( ) MASTERCARD ( ) AMEX

CARD HOLDER'S NAME: \_\_\_\_\_

CARD NUMBER:																		EXPIRATION DATE:						
SECURITY CODE:				VISA AND MASTER: LAST 3 DIGITS ON THE BACK OF THE CARD. AMEX: 4 DIGITS ON FRONT OF THE CARD.																				

YOUR SIGNATURE: \_\_\_\_\_ DATE / /201\_\_.

**BY SIGNING I AGREE WITH THE TERMS AND CONDITIONS OF THIS FORM.**

**PLEASE RETURN THIS FORM TO THE SECRETARIAT:**