



Holiday Inn
Porto Gaia

RESERVATION NR: 45955 e 52215
ROOM NUMBER:

NAME: _____

ID OR PASSPORT NUMBER: _____

EXPIRY DATE: __/__/__

CITY: _____

COUNTRY: _____

DATE OF BIRTH: __/__/__

CREDIT CARD NR: _____

CHECK IN	CHECK OUT

N. ROOMS	CLASSIC ROOM	
	SINGLE	DOBLE
PRICE	86,00 € B&B	96,00 € B&B

EMAIL: _____

TELEPHONE NUMBER: _____

RESERVATION CONTACTS: **Joana Figueiredo**
351 22 3747500
joana.figueiredo@hiportogaia.com

REMARKS: _____

DATE: _____