

Reservation Form

To place your reservations please send the following reservation form filled in below by fax or email to angelica.ruivo@abreu.pt or to: +351 214 156 383

Full Name: _____

Country: _____ Telephone: _____

Reservation

Please choose your visit and the number of participants.

Full Day Visit Sintra and Cascais ☐ Number of participants: _____

Half Day Visit Lisbon Classic ☐ Number of participants: _____

Payment method by credit card:



Credit card Holder's name: _____

Credit card Number: _____

Expiry Date: _____

CVV Code: _____

(Last 3 numbers on the back of the card)

Total amount to be charged to my credit card above: _____

I agree to be charge the amount above mentioned to my credit card:

Signature: _____