ICVS 2008 6th International Conference on Computer Vision Systems
May 12-15, 2008, Santorini, Greece

FAX TO: +30 2610 991 945

TRAVEL ARRANGEMENTS FORM

Deadline: **May 5, 2008**

Title: ☐ **Prof** ☐ **Dr** ☐ **Mr** ☐ **Ms** **First Name:** **Last/Family Name:** **Middle Initial:**

Company/Institution:

Address:

Province/State: **Country:** **Zip/Postal Code:**

E-mail:

Tel: + ( ) **Fax: +** ( )

Country code *Area Code* *Number* *Country code* *Area Code* *Number*

Name of Accompanying Person(s), if any:

☐Mr. ☐Mrs. First Name: Last/Family Name:

A. HOTEL ACCOMMODATION

Please indicate your hotel choice as outlined on the ICVS 2008 website

Hotel Name	Room Type	Dates	Corresponding 1 night deposit
	☐ Single ☐ Double ☐ Triple ☐ Paying child(ren) (Ages: …… …… ……)	In _____ Out _____ A total of ( ) Nights	**a.**1 Night Stay _____ **b.** Whole Stay _____ _____ **For bank transfer you must pay the full amount for your stay adding 20€ for administration fee**

CANCELLATION POLICIES

☐ **I have read and accepted the cancellation terms mentioned on this form and on the ICVS 2008 web site.**
Signature:……
Date:……

Hotel Cancellations

- 21 days in advance: no cancellation fee
- 21 to 7 days in advance: one night cancellation fee
- 7 to 1 days in advance: 50% of all-nights stay cancellation fee
- non shows: 100% of all-nights stay cancellation fee

METHOD OF PAYMENT (Tick ONE)

***NB:*Make sure you add €20 at your payment. To complete payment do not forget to fax a copy of the bank transfer transaction to +30 2610 991945.**

☐ **By Bank Transfer** (A €20 surcharge must be added on the fee. Amount must be net of bank charges)
A notification email with the bank details will be sent to the email address given in this form.

☐ **By Credit Card.** Please circle one: MasterCard / VISA
*I authorize you to charge my credit card with the **total** amount of Euro_____ for my accommodation.*

Card Number: ☐☐☐☐ ☐☐☐☐ ☐☐☐☐ ☐☐☐☐ Expiration Date:_____

Cardholder's Name *(If the registrant is not the card holder, please fax also a copy of both sides of the credit card)*: _____

ID validation number *(The last 3 digits of the number that can be found on the back side of your credit card)* : ☐☐☐

Cardholder's Signature: Date:

ICVS 2008 Travel Arrangements Desk
c/o MeetingPlanner.gr
Ypapantis Str., K. Kastritsi
GR – 26504, Rio, Achaia, Greece
Tel: +30-2610-992025 Fax: +30-2610-991945
URL: www.meetingplanner.gr
e-mail: icvs08@meetingplanner.gr