Athens Hotels for pre and post stays

FAX TO: +30 2610 991 945

TRAVEL ARRANGEMENTS FORM

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:

HOTEL ACCOMMODATION

Please indicate your hotel choice as outlined on the Conference 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 _____ _____

CANCELLATION POLICIES

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

Hotel Cancellations

- 21 days in advance: no cancellation fee
- 21 to 15 days in advance: one night cancellation fee
- 14 to 7 days in advance: 50% of all-nights stay cancellation fee
- 7 days prior to arrival and non shows: 100% of all-nights stay cancellation fee

☐ **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:

Conference Travel Arrangements Desk
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