



### **“Hotel Booking Form”**

**4<sup>th</sup> IC-EpsMsO Conference 6-9 July 2011 - Divani Caravel Hotel, Athens**

Please ensure the Hotel Reservation Form is faxed or e-mailed to the:

Email: [reservations@divanicaravel.gr](mailto:reservations@divanicaravel.gr) - Fax: 0030 210 7253750

For confirming your reservation, you are kindly requested to fill in the present form and return it to us duly signed. In order to secure space, reservation forms should be sent to our reservations fax number 0030 210 7253750 or e-mail [reservations@divanicaravel.gr](mailto:reservations@divanicaravel.gr) by **14<sup>th</sup> MAY 2011**. Our reservations department will confirm back your reservation when all information is received. After the above due date, your reservation will be confirmed subject to hotel’s availability.

Family Name:	_____	First Name:	_____
Company Name:	_____	Address:	_____
City:	_____	Postal Code:	_____
Country:	_____	Tel:	_____
Email:	_____	Fax:	_____

A special room rate has been negotiated for this event at the Divani Caravel Hotel. Delegates, wishing to make a reservation should contact the Hotel directly and refer to their participation to the above meetings in reference:

Single Superior room with American Buffet Breakfast at 100.00 € (Euros)

Double Superior room with American Buffet Breakfast at 110.00 € (Euros)

Room rates are inclusive of Breakfast, services and current taxes. Above rates are valid for bookings pre or post event dates, subject to hotel’s availability.

**Room type required (please tick appropriate box):**

Superior, Single occupancy: <input type="checkbox"/>	Superior, Double occupancy: <input type="checkbox"/>
Arrival Date (DD/MM/YYYY):	Departure Date (DD/MM/YYYY):
Total number of overnights:	Arrival time at the hotel:
Please indicate any special requirements:	

#### **RESERVATION DEPOSIT & CANCELLATION / NON-SHOW TERMS:**

I accept the charge of one night deposit, non-refundable and non transferal, as guarantee for my reservation. In case of cancellation 48 hours prior to arrival or in case of non-show, or early departure all nights fees will be charged.

Credit Card Number:	_____
Credit Card Type: (tick applicable)	<input type="checkbox"/> VISA <input type="checkbox"/> MasterCard <input type="checkbox"/> AMEX Other (please indicate type): _____
Cardholder’s Name:	_____
Expiring Date (MM/YY):	_____
Signature:	_____
Date:	_____

**\*\*\* A clear copy of both sides of your credit card is required \*\*\***

**OR**

You may send by Bank Transfer the amount of one room night non refundable and non transferal with the client’s name to the following Bank Account:

Bank Name:	Alpha Bank
Account Name:	Caravel Hotels S.A.
Account Number:	101-00-2320-000625
IBAN:	GR65 0140 1010 1010 0232 0000 625
SWIFT CODE (BIC):	CRBAGRAAXX

**In this case it is required to send us by fax a copy of the bank transfer to number 0030 2107253750 in order to confirm your deposit payment**

**We thank you and are looking forward to welcoming you in “Divani Caravel Hotel”**