





ICMMS 2008

Date

HOTEL RESERVATION FORM AMARILIA HOTEL

Title O Mr O Mrs O Dr O Prof Surname	First Name
Address	City
Country Postcode	Telephone
Telefax Mobile Ph	Email
100 Euros O Single Room	
125 Euros O Double Room I wish to reserve room (s). Arrival Dat	e Departure Date
150 Euros O Triple Room	
Prices are per room and per night including breakfast and half board, every child at the age of $0-2$ is free of charge and at the age of $2-12$ has 50% discount.	
To make a firm booking we need the details of your credit card or bank transaction to our acount. Without this quarantee, your room may be released. 50 % deposit upon reservation and 50 % one month prior arrival to be quaranteed by credit card or bank transaction. If you choose 2. Bank Transaction, send by fax details from your transaction.	
1. By Credit Card	
Name of the Card Holder Billing Address	
Country City Post Code	
Credit Card Number	Expire Date CVC Num.
2. By Bank Transaction	
Bank Branch Office : Voula (143) Bank Address : 69 Vasileos Pavlou Ave., Voula 16673, Athens Greece Account Number : 143-00-2320-000151 IBAN Code : GR24 0140 1430 1430 0232 0000 151 Swift Code : CRBAGRAAXXX Under the Name of : Anthea Tourism Enterprises SA	
In the event of a cancellation we will require written notification up to 21 days prior to the scheduled arrival date, otherwise the deposit amount will be retained in respect of our cancellation fee. In the event of cancellation in the last 7 days prior to the scheduled arrival date, 70% of total amount will be retained as cancellation fees. In case of non-show, 100% of total amount will be retained as non-show fees.	
Important Notice	
We notice hear that with the transmission of the hotel reservation form, to the fax number of Organizing Committee you have quarantee the special rooms prices. After you complete this form please send it to the fax of Organizing Committee ++302109420091	

Signature _