ICICTE 2012 – July 5-7, 2012 Rhodes, Greece HOTEL RESERVATION FORM



Attention to Nancy Pyrini Conference Director ICICTE 2012 e-mail: <u>nancypyrini@icicte.org</u> mobile: +30 693 694 99 66						
Last name:			Address:			
First name:			Address 2:			
Salutation:			Zip Code:			
Organisation/Company:			City:			
e-mail:	-mail:		State/Province/County:			
Phone/fax number:			Country:			
ROOM RESERVATION DETAILS						
Arrival date:			Room Type	Rat	te/night	Check
Departure date:			Single room:	100,00	euros/night	
Number of nights:			Double room:	120,00	euros/night	
Number of guests:	The rates above are inclusive of value added tax. The rates above are inclusive of Breakfast.					
Cancellation policy: The term allowed to cancel a booking without incurring penalties is 14 days prior to arrival. The penalty for late cancellation is one overnight.						
CREDIT CARD DETAILS						
Credit card type: (Choose among American Express, VISA, MasterCard)			Expiration date (month/year)	:		
Credit Card Number:		/	_//	'	·	
Security Number:		Owner:				
Signature: (you can insert digital signature here)						
No charge on the credit card. The card data is requested only as a guarantee of the booking (in compliance with cancellation policy terms). Payment will take place at the hotel.						
ADDITIONAL REQUIREMENTS/COMMENTS						