

ALDEMAR HOTELS
 Hersonissos, Crete, Greece

[FAX or E-MAIL RESERVATION FORM](#)

**Please, fill in this form and send it directly to the hotel at the fax number: +30-28970-27612.
 Conference reservation dpt. E-mail: krbook@aldemarhotels.com Tel: +30-28970-27520**

Contact Information:

First name: _____ Last name: _____
 Affiliation: _____
 Address: _____
 City: _____ Zip code: _____ Country: _____
 Email: _____ Home phone _____
 Work phone _____ Fax _____

Booking Information:

Booking period _____
 Arrival: _____ Flight No.: _____ Time: _____
 Departure: _____ Flight No.: _____ Time: _____
 Number of Nights: _____

Please select the hotel of your choice

ALDEMAR Knossos Royal Village Hotel*** – Conference Venue**

<u>Room Type</u>	<u>No of Rooms</u>	<u>Price (per room per day) in euros</u>
Single Bungalow	_____	125, 00 Euros Bed and Breakfast Basis
Double Bungalow	_____	156, 00 Euros Bed and Breakfast Basis
Triple Bungalow (with adult)	_____	210, 00 Euros Bed and Breakfast Basis
Triple Bungalow (with child 02 – 12 years)	_____	156, 00 Euros Bed and Breakfast Basis

The dead line for reservations is until 31/08/2010. After 01/09/10 the reservations will be "on request" basis.

Number of Adults: _____ Number of children: _____

Payment and Cancellation Policy:

You will pay directly at the hotel. Cancellation details as below

- For all cancellations made by the participants until **31.08.2010** there will be no cancellation fees
- For all cancellations of the reserved rooms made from **01.09.2010** until **09.09.2010** there will be a charge equal to 1 overnight, for the cancelled rooms.
- For all cancellations of the reserved rooms made from **10.09.2010** until **12.09.2010** there will be a charge equal to 2 overnights, for the cancelled rooms.

For all cancellations made the arrival day or/and for **NON-SHOW** guests, there will be a charge equal to the total reserved overnights.

Credit Card Information:

In order to confirm your reservation, please provide your credit card information.

Card Type: _____ Name on Card: _____
 Card Number: _____ Expiry Date: _____
 Authorized Signature: _____

We should contact you on:

Phone (home) _____ Phone (work) _____ Fax _____ E-mail _____
 Please indicate hours: _____

Additional Information & Wishes: _____