

EXCURSION RESERVATION FORM FOR ICNAAM 2019

THROUGH KAPCO TRAVEL

EXCURSION:

Person for each excursion

24/09 Tuesday -- Symi Island 39,00€ per person:

Adult

Children

25/09 Wednesday – Wine Trip 37,00€ per person:

Adult

Children

Discount for Children 2-12 years old 50%

PERSONAL DETAILS:

Title: Mr. Mrs. Dr. Prof.

Surname:

First name:

Hotel:

Name of accompanying persons:

1) Title: Mr. Mrs. Dr. Prof. Surname:

First Name:

2) Title: Mr. Mrs. Dr. Prof. Surname:

First Name:

3) Title: Mr. Mrs. Dr. Prof. Surname:

First Name:

Payments:

Through Credit card

Please charge the excursion cost on my credit card:

YES

NO

Visa

Master Card

Credit card number:

Expiration date:

CCV number:

Name of Card Holder:

Through Bank Wire transfer

Bank: National Bank of Greece, Old Town branch, Museum Square, Old Town, 85100 Rhodes, Greece.

Swift code: ETHNGRAA

Attn.: Kapco Travel Services Ltd.-Kappas Aristovoulos and Co. Ltd

IBAN number: GR18 0110 2970 0000 2974 7009 883

Details: Name - Hotel of reservation

CANCELLATION POLICY

In case of cancellation the 70% will be refunded through the credit card

I have read and understood the terms and conditions as outlined above.

This form will be destroyed after the receipt of the payment.

Signature

Date: