

RESERVATION FORM FOR ICNAAM 2018 THROUGH KAPCO TRAVEL

PERSONAL DETAILS:

Title: Mr. Mrs. Dr. Prof.

Surname: First name:

Address: City:

Country: Telephone:

Mobile Ph.: Email:

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:

Hotels:

Below are the list of Hotels and rates for the ICNAAM 2018 to choose from:

A) Oceanis Park Hotel 4* star (on All Inclusive)

Room types:	Rates:
Double Garden View Room	70,00€ per person/per night Incl. taxes
Single Garden View Room	110,00€ per room/per night Incl. taxes

www.hoteloceanispark.gr

B) Cosmopolitan Hotel 4* star (on All Inclusive)

Room types:	Rates:
Double Garden View Room	79,00€ per person/per night Incl. taxes
Single Garden View Room	126,40€ per room/per night Incl. taxes

www.cosmopolitanhotel.gr

Check in Date: Check-out Date: No of nights:

Name of Hotel Selected:

Room Type Selected:

Number of Rooms:

Persons:

The above mentioned rates are only for the participants that booked through Kapco Travel Agency. Reservations will be considered confirmed only upon the receipt of a confirmation by Kapco Travel.

According to Article 53 of Law 4389/2016, starting from 1.1.2018, There will be an additional TAX which needs to be paid daily, directly to the Hotel by the guest as : 1-2 stars :0.50€, 3 stars :1.50€, 4 stars 3.00€

Payments:

Through Credit card

Please charge the whole accommodation 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: