

ALDEMAR HOTELS
Hersonissos, Crete, Greece

FAX or E-MAIL RESERVATION FORM

**Please, complete this form and send it by fax or e-mail at the Hotel Conference Reservation Dept.
Fax number: +30-28970-27612, E-mail: rescretemgrast@aldemarhotels.com Tel: +30-28970-27322**

CONTACT INFORMATION:

First name: _____ Last name: _____
Affiliation: "**Challenges in Extragalactic Infrared Astrophysics**"
Address: _____
City: _____ Zip code: _____ Country: _____
Email: _____ Home phone _____
Work phone _____ Fax _____

HOTEL RESERVATION INFORMATION:

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

Please select the room 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	_____	114, 00 Euros Bed and Breakfast Basis
Double Bungalow	_____	142, 00 Euros Bed and Breakfast Basis
Triple Bungalow (with adult)	_____	192, 00 Euros Bed and Breakfast Basis
Triple Bungalow (with child 02 – 12 years)	_____	142, 00 Euros Bed and Breakfast 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 **16.08.2008** there will be no cancellation fees
- For all cancellations of the reserved rooms made from **17.08.2008** until **31.08.2008** there will be a charge equal to 1 overnight, for the cancelled rooms.
- For all cancellations of the reserved rooms made from **01.09.2008** until **07.09.2008** there will be a charge equal to 2 overnights, for the cancelled rooms.
- For all cancellations of the total reserved rooms made from **08.09.2008** until **13.09.2008** there will be a charge equal to 3 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 (Visa/Mastercard): _____ Name on Card: _____
Card Number: _____ Expiration Date: _____
Cardholder Signature: _____ CVS (3 digit number behind card) _____

In case of emergency issue regarding your reservation we may contact you on:
Phone (work) _____ Phone (home) _____ Fax _____ E-mail _____
Please indicate hours: _____

Additional Information & Requests:

