



2 Vas. Alexandrou Street, 161 21 Athens, Tel: +30 210 7207000, Fax: +30 210 7253750

HOTEL BOOKING FORM

**IAIE-IMEPO Conference / 24-26 June 2009
Divani Caravel Hotel, Athens**

Please ensure the Hotel Reservation Form is faxed or e-mailed to the:
Email: reservations@divanicaravel.gr - Fax: 0030 210 7253750

For confirming your reservation, you are kindly requested to fill in the present form and return it to us duly signed. In order to secure space, reservation forms should be sent to our reservations fax number 00302107253750 or e-mail reservations@divanicaravel.gr by **12th June 2009**. After this date, your reservation will be confirmed subject to hotel's availability.

Family Name:		First Name:	
Company Name:			
Address:			
City:		Country:	
Postal Code:		Tel:	
Fax:		E-mail:	

A special room rate has been negotiated for this event at the **Divani Caravel Hotel**. Delegates, wishing to make a reservation should contact the Hotel directly and refer to their participation to the **IAIE-IMEPO Conference 2009**

Single Superior room incl. American Buffet Breakfast	at 180,00 Euro
Double Superior room incl. American Buffet Breakfast	at 200,00 Euro

Room rates are inclusive of services and current taxes (11.18%). Should taxes changed, rates will be adjusted accordingly. Above rates are applicable in case you would like to extend your stay pre or post the meeting dates, subject to hotel's availability at the time of the booking.

Room type required (please tick appropriate box):

Superior, Single occupancy:	<input type="checkbox"/>	Superior, Double occupancy:	<input type="checkbox"/>
Arrival Date (DD/MM/YYYY):		Departure Date (DD/MM/YYYY):	
Total Nights:			
Arrival time at the hotel:			

A both sides clear copy of the credit card is required

RESERVATION DEPOSIT & CANCELLATION / NON-SHOW TERMS:

I accept the charge of one night deposit, non-refundable and non-transferable, as guarantee for my reservation. In case of cancellation later than 48-hours from arrival day, or in case of non-show, all nights fees will be charged.

Credit Card Number:			
Credit Card Type: (tick applicable)	<input type="checkbox"/> VISA <input type="checkbox"/> MasterCard <input type="checkbox"/> AMEX	Other (please indicate type):	Expiring Date (MM/YY):
Cardholder's Name:			
Signature:		Date:	

We thank you and are looking forward to welcoming you in "Divani Caravel Hotel"