

PARK HOTEL
Accommodation Form

TO : PARK HOTEL ATHENS
ATTN : RESERVATIONS DEPARTMENT
TEL : 0030-10-8894500
FAX : 0030-10-8238420
e-mail : info@athensparkhotel.gr
DATE : _____

REF: RESERVATION FOR IFIP CONFERENCE – ISGLOB03
ATHENS UNIVERSITY OF ECONOMICS & BUSINESS, JUNE 2003

Dear Sir,

Please make a reservation on behalf of:

NAME OF PARTICIPANT (Fist name, Surname): _____

ADDRESS: _____

FAX: _____, e-mail: _____

NUMBER OF ROOMS: _____

TYPE OF ROOMS: SINGLE (110 €) TWIN (136 €) No OF PERSONS: _____

ARRIVAL DATE/TIME: _____

DEPARTURE DATE/TIME: _____

WAY OF PAYMENT: _____

AMOUNT OF DEPOSIT: _____

CREDIT CARD DETAILS: _____

REMARKS: _____

The Hotel requires an advance payment equal to one night's payable by 15th May 2003, to guarantee space. Cut off date for IFIP block booking is the 15th May 2003. From the 15th May 2003 onward, guest rooms and the room negotiated rate will be offered subject to availability. There will be no cancellation fee for rooms released up to 15th May 2003. For later cancellations, deposit will be non refundable. Cancellations that will be received from the 15th May 2003 will be charged with one room night's cancellation fee per room cancelled.