

## ESWC 29 May – June 1, 2005, Hersonissos, Crete, Greece

## ALDEMAR KNOSSOS ROYAL VILLAGE HOTEL Hersonissos, Crete, Greece

## **FAX RESERVATION FORM**

Please, fill in this form and send it directly to the hotel at the fax number: +30-28970-23150. Conference reservation dpt. E-mail: krvrdast@aldemarhotels.com Tel: 0030-28970-27510 **Contact Information:** First name: \_\_\_\_\_ Last name: \_\_\_\_\_ Affiliation: Address:

City: \_\_\_\_ Zip code: \_\_\_ Country: \_\_\_\_
Email: \_\_\_ Home phone \_\_\_\_
Work phone \_\_\_\_ Fax no \_\_\_\_ Address: **Booking Information:** Booking period 

 Arrival : \_\_\_\_\_\_\_ Flight No.: \_\_\_\_\_\_ Time: \_\_\_\_\_\_\_

 Departure: \_\_\_\_\_\_ Flight No.: \_\_\_\_\_\_ Time: \_\_\_\_\_\_\_

 Number of Nights: I would like to make a reservation for the following room type: Room Type No of Rooms Price (per room per day) in euros Single Bungalow 114.00 Euros BB Double Bungalow 143,00 Euros BB Triple Bungalow (with children) Euros BB Triple Bungalow (with adult) Euros BB Number of Adults:\_\_\_\_\_ Number of children:\_\_\_\_\_ **Payment and Cancellation Policy:** You will pay directly at the hotel. For cancellation details please consult the conference site. **Credit Card Information:** In order to confirm your reservation, please provide your credit card information. Card Type:\_\_\_\_\_\_Name on Card:\_\_\_\_\_ Card Number: Expiry Date: Authorized Signature: We should contact you on: Phone (home) Phone (work) Fax E-mail Please indicate hours:\_\_\_ Additional Information & Wishes: