

RESERVATION FORM



32ND EARSeL SYMPOSIUM, 21-26/5/12

ORGANIZED BY EARSeL AND DEPARTMENT OF PLANNING AND REGIONAL DEVELOPMENT, UNIVERSITY OF THESSALY

Myconian K Hotels

Myconian K Hotels

Tel: +30 22890 22107

Fax: +30 22890 23455 E-mail: khoteis@myconiancollection.gr

You should complete this form and send it directly to the Myconian K Hotels by 31/3/12.
Please note that the rates are valid only by completing this reservation form

Group Name: 32ND EARSeL SYMPOSIUM, 21-26/5/12

Please Reserve for (Name): _____

Address: _____

Country: _____

Telephone: _____ Fax: _____

E-mail address: _____

MYCONIAN K HOTELS

SPECIAL RATES PER ROOM, PER NIGHT (BED & BREAKFAST)

Check in: 2:00 p.m.

Check out: 12:00 p.m.

☐ SINGLE ROOM: 95 €

☐ DOUBLE ROOM: 105 €

Round trip transfers to the conference venue are included.

In order to confirm your reservation please be so kind to fill in this form with all the requested details, sign it and fax it back to us. To guarantee availability please make your reservation by 31/3/12. Upon receipt of the completed form, we will confirm the booking back to you.

ARRIVAL DATE: _____ DEPARTURE DATE: _____

NUMBER OF ROOMS/GUESTS: _____

SPECIAL REQUESTS: _____

Credit Card: American Express/MasterCard/Visa (please delete those not applicable)

Credit Card number: _____ Expiry Date: _____

Credit Card Holder: _____

In order to avoid waiting at the airport/port for a taxi to transfer you to the hotel please try to schedule your transportation with the hotel by booking the shuttle bus for 5 € per way, per person. There are only 40 taxis on the island.

☐ Yes, I would like to book transfers

☐ No, I do not want to book transfers.

Please fill in the below requested details, in order to arrange your transfer from/to airport/port.

Number of persons: _____

Arrival Flight Number/Boat Name: _____

Arrival Time: _____

Departure Flight Number/Boat Name: _____

Departure Time: _____

I Mr/Mrs _____ agree to sign this document, authorizing the Myconian K Hotels to charge my credit card as mentioned in the cancellation policy below:

Cancellation Policy:

21 days prior to arrival: no cancellation fees

20-13 days prior to arrival: 1 night

12-9 days prior to arrival: 2 nights

8-5 days prior to arrival: 3 nights

4-1 day prior to arrival or Non show: full cancellation fees

Unscheduled departure: full cancellation fees

SIGNATURE: _____

This booking form is prepared to facilitate your travel arrangements. The booking is made directly with the hotel.
Please contact directly Mrs. Nikolettta Fouka for any specific requirements you may have.