

5th EUROPEAN PSYCHOLOGICAL CONGRESS

Rodos Palace Hotel, Rhodes Island, Greece, 4-9 September, 2011

ACCOMMODATION FORM

Please complete this form by ticking an X in front of the appropriate box and send the file electronically to info@rodos-palace.gr or by fax to:

Rodos Palace Hotel S.A., Trianton Avenue, Ixia, P.O. Box 121, Rhodes, Greece
Tel.: +30-22410-25222/97222, Fax.: +30-22410-25350,
E-mail : info@rodos-palace.gr. Internet : <http://www.rodos-palace.com>

PERSONAL DETAILS

Surname _____ **First name** _____
 Title : Mr. Ms. Mrs. Dr. Prof.
 Company: _____
 Mailing Address : Residence Affiliation _____
 Street & street no. _____ City _____
 Zip code _____ State _____ Country _____
 E-mail _____ Fax _____ Phone _____
 Check-in date _____ Check-out date _____ No. of nights _____

ACCOMMODATION TYPE

<input type="checkbox"/>	Tower room single sea view	Euro	140
<input type="checkbox"/>	Tower room double sea view	Euro	155
<input type="checkbox"/>	Executive room single garden view	Euro	150
<input type="checkbox"/>	Executive room single sea view	Euro	170
<input type="checkbox"/>	Executive room double garden view	Euro	165
<input type="checkbox"/>	Executive room double sea view	Euro	185
<input type="checkbox"/>	Garden Suite single	Euro	180
<input type="checkbox"/>	Garden Suite double	Euro	200

Above rates include American buffet breakfast and all taxes.

<input type="checkbox"/>	Promotional single room	Euro	99
<input type="checkbox"/>	Promotional Double room	Euro	109

Above rates include American buffet breakfast and all taxes.

The Promotional rates will apply under the condition that settlement of accommodation will be made the time of the booking.

RESERVATIONS SHOULD BE MADE LATEST BY July 31st, 2011.

PAYMENT

Please charge the total accommodation to my credit card:
 Visa Diners Club Master card American Express
Credit card number _____ **Expiration date** _____ **CCV** _____
 Name of card holder _____
 Address of authorized card holder _____

Enclosed, is a copy of my bank transfer of Euro _____, payable to:
 ALPHA BANK, CYPRUS SQUARE, RHODES BRANCH, **IBAN: GR71-0140-6400-6400-0232-0000-192**
SWIFT CODE: CRBAGRAAXX

NOTICE: BANK TRANSFER MUST BE SETTLED TILL July 31st, 2011.

CANCELLATION POLICY

1. In case of cancellation no refund will be made.

I have read and understood the terms and conditions as outlined above.

Signature _____

Date _____