

14th «IEEE International On-Line Testing Symposium – IOLTS»

Rodos Palace Hotel, Rhodes Island, Greece, 06-09 July 2008

Trianton Avenue, Ixia, P.O. Box 121, Rhodes, Greece

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ACCOMMODATION FORM

Please complete this form by ticking an X in front of the appropriate box and send the file electronically to rika@rodos-palace.gr or by fax to +30-22410-21511:

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 occupancy | Euro | 125 |
| <input type="checkbox"/> | Tower room double | Euro | 160 |
| <input type="checkbox"/> | Executive room single occupancy | Euro | 145 |
| <input type="checkbox"/> | Executive room double | Euro | 180 |
| <input type="checkbox"/> | 0-2 years old child | Euro | 5 |
| <input type="checkbox"/> | Supplement 2 -12 years old onwards | Euro | 25 |

Note : 30 sea view rooms are reserved; these are offered to delegates on a first book first serve basis (upon availability)

Above rates include American buffet breakfast, lunch buffet and all taxes.

Administration cost for changes on the reservation Euro 5 per change.

RESERVATION POLICY:

- Your room reservation will be secured only upon receipt of this booking form latest until 15.06.08, duly signed by completing the credit card details.
- By 15th June 2008 one (1) night will be charged on your credit card as a deposit. The balance will be settled directly at the hotel before departure.
- In case of any cancellation by June 15th 2008 inclusive, no cancellation fee will be charged.
- For cancellations from June 16th onwards the deposit of one (1) overnight will be retained.
- For no-show of a confirmed reservation three (3) nights cancellation fee will be charged.

RESERVATIONS SHOULD BE MADE LATEST BY June 15th, 2008

PAYMENT

Please charge one night 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: CRBAGRAAAXXX

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

Signature _____

Date _____