

16th «IEEE International On-Line Testing Symposium – IOLTS»

Corfu & Dassia Chandris Hotels, Corfu Island, Greece, July 4-7, 2010

Dassia Bay, 49 100 Corfu, Greece

Tel.: +30-(26610)-97100-4 e mail : <u>corfu@chandris.gr</u> Internet : <u>www.chandris.gr</u> For Reservation queries: please contact Mr Spyros Messas – Front Office Manager

ACCOMMODATION FORM

Please complete this form by ticking an X in front of the appropriate box and send the file electronically to <u>corfu@chandris.gr</u> or by fax to: +30-26610-93458:

PEF	RSONAL DETAILS				
Sur	name		First name		
Title	e: 🗆 Mr. 🗆 Ms. 🗆 Mrs. 🗆 I	Dr. 🗆 Prof.			
Con	npany:				
	ling Address :		Residence	□ Affiliation	
Stre	eet & street no		City		
Zip codeState			Country		
E-n	nail		Fax	Phone	
		Check-out da	ate	No. of nights	
ACO	COMMODATION TYPE				
	Room single occupancy	Euro 130			
	Room double	Euro 140			
	0-12 years old first child		Free		

Above rates include American buffet breakfast, buffet lunch during the conference dates and all taxes. If rooms are requested and are available, accommodation at the same rates will be provided up to three days prior and three day following the symposium.

RESERVATION POLICY:

- > Your room reservation will be secured only upon receipt of this booking form latest until **June 4, 2010**, duly signed by completing the credit card details.
- ▶ In case of any cancellation by June 4, 2010 inclusive, no cancellation fee will be charged.
- By June 5, 2010 one (1) night will be charged on your credit card as a deposit. The balance will be settled directly at the hotel before departure.
- > For cancellations from June 5, 2010 onwards the deposit of one (1) overnight will be retained.
- ➢ For cancellations made after July 2, 2010 and for no-show of a confirmed reservation three (3) nights cancellation fee will be charged.

RESERVATIONS SHOULD BE MADE LATEST BY June 4, 2010

PAYMENT

Please c	harge one nig	ht accommodation t	to my credit card:						
[Visa	Diners Club	Master card	🗆 Americ	can 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 CHANDRIS HOTELS (HELLAS									
SA as follo	ws:	-							
National Bank of Greece, CORFU branch, IBAN: GR26-0110-3740-0000-3744-7010-465									

SWIFT CODE: ETHNAGRAA

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

Signature

Date ____