

ALDEMAR HOTELS
Hersonissos, Crete, Greece

FAX or E-MAIL RESERVATION FORM

Please, fill in this form and send it directly to the hotel at the fax number: +30-28970-27613.

Conference reservation dpt. E-mail: rmvbook@aldemarhotels.com Tel: +30-28970-27320

Contact Information:

First name: _____ Last name: _____

Affiliation: **Workshop in Information Security Theory & Practices 2007 (Smart Card, Mobile, Ubiquitous Systems)**

Address: _____

City: _____ Zip code: _____ Country: _____

Email: _____ Home phone: _____

Work phone: _____ Fax: _____

Booking Information:

Booking period _____

Arrival: _____ Flight No.: _____ Time: _____

Departure: _____ Flight No.: _____ Time: _____

Number of Nights: _____

ALDEMAR Royal Mare Village Hotel – Conference Venue

<u>Room Type</u>	<u>No of Rooms</u>	<u>Price (per room per day) in euros</u>
Single Bungalow	_____	100, 00 Euros BB
Double Bungalow	_____	130, 00 Euros BB
Triple Bungalow (with adult)	_____	175, 50 Euros BB
Triple Bungalow (with child 02 – 12 years)	_____	130, 00 Euros BB
Family Bungalow (2 bedrooms for 2 adults+2 children 2-12 years with connecting door, one bathroom with access from both rooms)	_____	200,00 Euros BB

Number of Adults: _____ Number of children: _____

Payment and Cancellation Policy:

You will pay directly at the hotel. Cancellation details as below

- For all cancellations made by the participants until one month before the conference start, there will be no cancellation fees
- For all cancellations made from 30 days until 21 days before conference start, there will be a charge equal to 1 overnight, for the cancelled rooms.
- For all cancellations made from 20 day until 14 days before conference start, there will be a charge equal to 2 overnights, for the cancelled rooms.
- For all cancellations made from 13 days until 7 days before conference start, there will be a charge equal to 3 overnights, for the cancelled rooms
- For all cancellations made after the 6 days before conference start or/and for NON-SHOW guests, there will be a full charge equal to reserved overnights

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:
