

Accommodation Form

Receipt Date:

Reg. Nr:

(To be completed by the PCO)

Please fill in this accommodation form in CAPITAL LETTERS and tick where appropriate. This form is for one delegate and his/her accompanying person(s) only. For additional delegates, please have this form photocopied. You are kindly requested to send it by fax or e-mail to the Meeting Organiser:

AC&C International S.A.

Professional Congress Organiser

1A Pierias St., 144 51 Athens - Greece

Tel.: +30 210 6889 130 Fax: +30 210 6844 777 (Attn. Hospitality Department)

E-mail (Hospitality Department): symmetria-hosp@acnc.gr

www.acnc.gr

You may book your accommodation: <http://www.symmetria-meetings.com>

I. DELEGATE' S DETAILS

Family name:

First name:

Title (Dr, Mr, Mrs, Ms, other):

Male

Female

Street & Nr:

City/Town:

Post/Zip code:

Country:

Tel. (please include country code): 00

Fax: 00

E-mail:

Special requests:

II. ACCOMPANYING PERSONS' DETAILS

Family name:

First name:

Male

Female

Adult

Minor*

* Year of Birth:

Family name:

First name:

Male

Female

Adult

Minor*

* Year of Birth:

III. ACCOMMODATION & TRAVEL INFORMATION

Reservation Procedure

- Please select the type of room you prefer and fill in the required information.
- The duly completed Accommodation Form should be forwarded to the Meeting Organiser as described above.
- A letter confirming your reservation will be sent to you within five (5) days after having received both the Accommodation Form and your payment. Should you not receive a confirmation letter, please contact the Meeting Organiser (Attn. Hospitality Department).
- Payment can be made by credit card to the Meeting Organiser.

Please tick one of the following billing options:

* Receipt

Invoice

In case of **invoice** please fill in the following details:

Individual's name / Company name:

Profession / Field of activities:

Address:

Zip code:

City:

Country:

Tel. (please include country code):

Fax:

e-mail:

Tax Id. Nr.:

Local Tax Authority-DOY (Greek delegates only):

** A receipt will be issued in case you do not choose one of the options.*

V. CANCELLATION & SUBSTITUTION POLICY

- Written cancellations received prior to September 15th, 2008 will receive full refund minus € 50 handling fee.
- Written cancellations received between September 16th, 2008 and October 17th, 2008 will be charged with one (1) night stay.
- There will be no refund for cancellations received after October 18th, 2008
- Substitutions regarding accommodation can be made until October 17th, 2008 at a € 50 handling fee. In this case, a new accommodation form duly filled in, is required and must be sent to the Meeting Organiser.
- No substitutions can be made after October 18th, 2008.
- All refunds will be processed one (1) month following the end of the Meeting.

** The above cancellation fees apply to individual bookings only.*

It should be noted that the data given in this form will not be disclosed to any third parties who are not directly involved in the organization of the Meeting, nor will it be publicized in any other way.

I hereby confirm that I have read and understood the reservation terms as well as the cancellation and substitution policy, which I accept without any reservations.

Date.....

Signature.....

(Please do not type your name: Original signature is required.)