# eikona%201

# ACCOMODATION FORM

**CyberSciTech/DASC/PICom/DataCom 12 – 15/08/2018**

Please send by fax or by e-mail till the **27th June 2018** to:

TITANIA, Panepistimiou 52, Athens 10678 – Greece

Tel: (+30210)332-6217; Fax: (+30210)330-0700;

**Contact person: Martha Kolokytha**

E-mail: groups1@titania.gr; <http://www.titania.gr>

Name…………………………………………………………………………………………….……………………………………

First Name ………………………………………………………………………………..……………………………………………

Home Address …………………………………………………………………………..………………………………….……….

Zip Code……………….City………………………………………………………………Country………………………….…

Tel……………………………………………….….Fax………………..……………E-mail……………………………………...

## Category

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| **Standard Single room: 80 € including American buffet breakfast & WiFi** |  |
| **Standard Double room: 90 € including American buffet breakfast & WiFi** |  |
| **Standard Triple room: 105 € including American buffet breakfast & WiFi** |  |

**Notes:**

* The 3 euro per room, per night residence fee applied on hotel accommodation from 01/01/2018, *is* *not* included in the rates, and will be paid by the clients directly to the hotel.
* *The rooms are guaranteed for the dates 12/08 till 15/08. For pre & post stay the rooms are upon availability.*
* Rooms will be assigned on a “first-come, first-served” basis;
* These above mentioned rates are valid per room and per night including American buffet breakfast, with all taxes and service charges and are net;
* Forms received without payment will not be taken into consideration;
* A confirmation will be sent to acknowledge the request of reservation by TITANIA HOTEL by e-mail or fax.
* The reservation can be cancelled till 03/08/2018. In case of late cancellation or early departure or non show, the card will be charged with all the amount of the reservation.
* Please note that after **June 27th, 2018** reservation requests will be upon availability.

Arrival date………………….. Departure date…………….. Tot. Nights………………..

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Full Payment

must be made in euros by one of the following methods:

[ ] ***Bank account*** (available upon request)

[ ] ***Credit Card***

I authorize the hotel to charge my credit card with the amount of ………………………

[ ] VISA [ ] MASTERCARD [ ] EUROCARD [ ] AMERICAN EXPRESS [ ] DINERS

Card Number……………………………………………………………………………………Expiration Date……………

Card Holder (capital letters)……………………………………………………….

Date…………………………………… Signature……………………………………….