

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: +30-28970-27612.
Conference reservation dpt. E-mail: rescretemgrast@aldemarhotels.com Tel: 0030-28970-27322**

Contact Information:

First name: _____ Last name: _____
Affiliation: STI Conference
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: _____

Please select the hotel of your choice

ALDEMAR Knossos Royal Village Hotel** & ALDEMAR Royal Mare Village***** –***

<u>Room Type</u>	<u>No of Rooms</u>	<u>Price (per room per day) in euros</u>
Single room	_____	117, 00 Euros Bed and Breakfast Basis
Double room	_____	130, 00 Euros Bed and Breakfast Basis

Number of Adults: _____ Number of children: _____

ALDEMAR Cretan Village Hotel**–***

<u>Room Type</u>	<u>No of Rooms</u>	<u>Price (per room per day) in euros</u>
Single room	_____	110, 00 Euros Bed and Breakfast Basis
Double room	_____	120, 00 Euros Bed and Breakfast Basis

Number of Adults: _____ Number of children: _____

Dead line: Your reservation must be completed by the **30th of April**. Any reservation done after this date will be on request basis.

Payment and Cancellation Policy:

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

In case of group cancellation after receiving the first deposit, this deposit is non refundable.

Final room number should be defined by 30.04.09.

- For any room cancellation from the 01.05.09 till 14.05.09 (included) 1 night cancellation fees will apply.
- For any room cancellation from 15.05.2009 till the 29.05.09 2 nights cancellation fees will apply.
- In case of cancellation the day of arrival or in case of non show full cancellation fees will apply.

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:
