Corfu Summer Institute on Elementary Particle Physics Corfu, Greece, 30/8-20/9/2009

BOOKING FORM

To:	Mr. Byron Tsonakis, General Manager
10:	Mr. Kostas Motsenigos, Sales Manager
Fax Number :	0030 - 26610 - 45933
Tel Number:	0030 - 26610 - 36540
Email Address:	cfuhol@hol.gr
Total number of pages :	2

BOOKING DETAILS				
First Name:				
Family Name:				
Arrival Date:				
Departure Date:				
No of Nights:				
No of Persons:	Adults:			
	Children:			

Accommodation Requirements (The prices are per person per night) Please tick choice of room				
	HalfBoard			
Single room:	€ 85		Total :	
Twin/Double room :	€ 55		Total :	
Triple room : $\in 50$ (3 rd Adult in Twin)			Total :	
Total Cost:				

Your Contact Details:

	Please confirm my booking by Fax	
	Fax Number:	
<u>OR</u>	Please confirm my booking by E-mail	
	E-mail Address:	

Corfu Summer Institute on Elementary Particle Physics Corfu, Greece, 30/8-20/9/2009

BOOKING FORM

Payment Instructions				
Credit Card Payment				
I wish to pay by credit card	(TICK THIS BOX)			
Card details				
Type of card :				
Name on card :				
Card number :				
Expiry Dates :				
Authorisation to charge				
One night to card :				
	(Signature of card holder)			

Bank Transfer				
		(TICK THIS BOX)		
I wish to pay by Bank Transfer				
Payment to :	Alpha Bank Corfu Branch			
Account number :	681-00-2002-00865			
IBAN number : GR760		140 681 068 100 200 200 8655		
Swift code :	CRBAGRAA			
To the order of :	Hotel and Tourist Enterprises			
	Tsaousoglou S.A.			
Please specify payment is for - "CORFU2009"				

ADDITIONAL INFORMATION

Attendees will receive immediate confirmation of booking from the Hotel (by fax or e-mail), or as soon as the bank transfer is received.