



DIVANI COLLECTION
DIVANI CORFU PALACE

20 NAFSIKAS STR., 49100 CORFU-GREECE | TEL +30 26610 38996 | FAX +30 26610 35929,
reservations@divanicorfu.gr , www.divanis.com

Corfu Summer Institute on Elementary Particle Physics & Gravity 2014

RESERVATION FORM

Please fill in the form for your reservation.
The Hotel will send back a confirmation of the requested reservation.

RESERVATION DETAILS	
GUEST NAME:	_____
Arrival Date: _____	Approx. Time: _____
Departure Date _____	
Type of Room	SINGLE: _____ 93.00€ / day
	DOUBLE: _____ 116.00€ / day
Amount per Day: _____	Total Amount: _____
Room Rates are per room, per day, including breakfast, the meeting requirements and all taxes.	
CHECK IN: 14.00 HRS CHECK OUT: 12.00 HRS	

Payment by the Following Credit Card:

- Card Holder's Name: _____
- Specify type of Credit Card: _____
- Credit Card Number: _____
- Expiry date: ___/___/___ CVV (3 digit number): _____
- Card Holder's Signature: _____

Bank Transfer:

ALPHA BANK
Account Number: 681 00 2320 000405
IBAN Code : GR25 0140 6810 6810 0232 0000 405
Swift Code (BIC): CRBAGRAAXX
Account Name : ETA S.A.

Cancellation Policy: Any cancellation made less than 48 hours prior to client's arrival, will incur 100% cancellation fee, which will be charged to the above credit card.

For reservation information: Mrs. Mary Koutagiar

Please forward this form as well as a photocopy of your credit card (both sides)
or Bank deposit slip

- by fax to: 00302661035929
- or email at: reservations@divanicorfu.gr