Hotel Registration Form

MEETING "Corfu Summer Institute on EPP and Gravity 2017" 02-28/09/17

Please ensure the Hotel Registration Form is faxed or mailed to the

DIVANI CORFU PALACE

20, Nafsikas str. 49 100, Corfu, Greece **Fax: 0030 26610 35929**

Tel.: 0030 26610 38 996 E-mail: reservations@divanicorfu.gr

For guaranteed reservations, you are kindly requested to fill in the present form with your Credit Card number and return it to us duly signed. For safety reasons, credit card used and its owner, must be present upon checkin. In order to secure space, registration forms should be sent to our reservations fax number 0030 26610 35929, till May 7th 2017.

Family Name:	F	irst Name:	
Tel:	Fax:		
E-mail:			
A special room rate has been negoti the Hotel directly and refer to their		ishing to make a reservation	should contact
Room rates are inclusive of Amer From 1 to 3 overnights Single Room : €100 Double Room : €110	rican Buffet Breakfast, services	and current taxes.	
From 4 overnights and over Single Room : €90 Double Room : €100			
Room type required: Single occu	pancy Double occupancy		
Arrival Date:	Departure Date:	Total:	nights
By signing this form you kindly st card as per terms and conditions Please note that credit card paym credit card used for the reservation	indicated hereunder. ents require the card holders' p	C	
Credit Card Type:	Number:	Expiring D	oate:
Cardholder's Name:			
Signature:	Date:		
NON-SHOW: In case of non-show	w one (1) night cancellation fees	will apply.	
Please send this booking form before	ore May 7 th 2017.		
After this date, the reservation can	only be confirmed upon availab	ility.	
After your request, the hotel will s 38996.	vend you a confirmation. If you d	don't receive it, please conto	act +30 26610
We thank you and are looking forw	ard to welcoming you in our Hote	el "Divani Corfu Palace".	