***Corfu Summer Institute on EPP and Gravity 2021***

*To*

*First Travel Dafnis*

*bookings@firsttravel.gr*

***Subject:*** *PCR test appointment*

|  |  |
| --- | --- |
| First Name: |  |
| Family Name: |  |
| Passport No: |  |
| Email address: |  |
| Hotel Name |  |
| Departure Date |  |
|  |  |
| Credit card number |  |
| Expiration date |  |

***I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(name) authorize First Travel Dafnis to charge my credit card with the amount of 50 euros for my PCR test.***

*Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

Full Name and Signature

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