

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
