

HOTEL & TOURS BOOKING FORM

Please fax or mail, to: **FourWays Travel**, Att: Ms. Thekla Kammenou
 187, 28th Octovriou-Gamveta Str., 38221, Volos, Greece.
 Tel : (+ 30) 24210 21607 Fax : (+ 30) 24210 34243
 e-mail: thekla@fourways.gr

A PARTICIPANT - Please tick-off and fill in

Prof. Dr. Mr. Ms.

Last Name: _____ First Name: _____
 Institution: _____
 Department: _____
 Address: _____
 City: _____ Country: _____ Postal Code: _____
 Tel: _____ Fax: _____ e-mail: _____

B ACCOMPANYING PERSON – Please fill in

Last Name: _____ First Name: _____

C ACCOMMODATION – Please fill in

Arrival Date: _____ Departure Date: _____ Number of nights: _____

| Hotel | Category | Number of Single rooms | Number of Double rooms | Total |
|---------------------------------------|----------|-----------------------------------|-----------------------------------|------------------------|
| Domotel - Xenia | ***** | <input type="checkbox"/> € 105,00 | <input type="checkbox"/> € 130,00 | € <input type="text"/> |
| Volos Palace | **** | <input type="checkbox"/> € 75,00 | <input type="checkbox"/> € 99,00 | € <input type="text"/> |
| Aegli | *** | <input type="checkbox"/> € 65,00 | <input type="checkbox"/> € 95,00 | € <input type="text"/> |
| Park | *** | <input type="checkbox"/> € 60,00 | <input type="checkbox"/> € 89,00 | € <input type="text"/> |
| Philippos | ** | <input type="checkbox"/> € 56,00 | <input type="checkbox"/> € 78,00 | € <input type="text"/> |
| Portaria (15km dist) | **** | <input type="checkbox"/> € 78,00 | <input type="checkbox"/> € 84,00 | € <input type="text"/> |
| Total amount for Accommodation | | | | € <input type="text"/> |

Rates are in Euros (€) per room, per night, including breakfast, VAT and all presently applicable taxes. These special rates are available only if booking is made and paid through FourWays Travel. Reservation requests will be confirmed on a *first come, first serve* basis.

D PARALLEL & POST CONFERENCE ACTIVITIES – Please fill in

| | | | | | |
|-----------------------------------|-------------------------|---------|------------------------------|--|------------------------|
| Volos & Mt. Pelion | half day | Wed 6th | Dep 09:00 AM Arr 1:00 PM | <input type="checkbox"/> Ticket(s) x € 30,00 | € <input type="text"/> |
| Mount Pelion Tour | full day lunch incl. | Thu 7th | Dep 09:30 AM Arr 07:00 PM | <input type="checkbox"/> Ticket(s) x € 40,00 | € <input type="text"/> |
| Pelion Heritage Railway | full day lunch incl. | Fri 8th | Dep 09:30 AM Arr 07:00 PM | <input type="checkbox"/> Ticket(s) x € 43,00 | € <input type="text"/> |
| <i>POST-CONFERENCE ACTIVITIES</i> | | | | | |
| Pagasitic Cruise | full day lunch incl. | Sat 9th | Dep 09:30 AM Arr 05:30 PM | <input type="checkbox"/> Ticket(s) x € 55,00 | € <input type="text"/> |
| Meteora | full day lunch incl. | Sat 9th | Dep 08:00 AM Arr 05:00 PM | <input type="checkbox"/> Ticket(s) x € 55,00 | € <input type="text"/> |

All activities subject to a minimum of 12 applying

Total amount for Parallel & Post Activities €

Full pre-payment, is required in order to confirm the booking. Upon payment a confirmation letter/fax will be sent.

Cancellations received before the 1st August 2006 shall be refunded after the conference, minus the amount equivalent to one night's stay. After this date no refunds will be made.

All refunds will be processed after the conference.

- Swift Bank Transfer (Please enclose copy of the bank order) to:

FourWays Travel,
TOURISTIKES XENODOXIAKES EPIXEIRISEIS PILIOU EPE
Int. Bank Account Number (IBAN): GR05501108100000081074428665
Swift Code: ETHNGRAA
Bank: National Bank of Greece
Address: Iasonos & Topali, 38221, Volos, Greece

- Credit card:

Visa MasterCard Other _____

Cardholder's Name _____

Card number: Exp.Date

Billing address: _____

Cardholder's birth date: / /

Three last digits mentioned on the back of the card:

I herewith authorize FourWays to debit this credit card for the amount of
€ _____

I also authorize FourWays debiting or crediting my credit card account with the amount if any subsequent change(s) to the items booked.

Signature: _____ Date: _____

Receipt:

Receipt in the name of: _____

Address: _____

City: _____ Country: _____ Postal Code: _____

Liability:

Personal travel insurance is strongly recommended, as the Organising Committee and FourWays Travel act as agents only in securing hotels, transport and travel services and in no event shall be liable for acts or defaults in case of injury, damage, loss, accident, delay or irregularity of any kind whatsoever during arrangements organised through contractors or the employees of such contractors in carrying out services. Hotel and transportation services are subject to the terms and conditions under which they are offered to the public in general.

The Organising Committee reserves the right to make changes where deemed necessary, without prior notice to parties concerned. All disputes are subject to the Greek law.

PLEASE FAX TO (+ 30) 24210 34243