

# Corfu Summer Institute on Elementary Particle Physics & Gravity 2016

Corfu, Greece, 1 - 23/9/2016

## BOOKING FORM

<b>To:</b>	Corfu Holiday Palace Hotel Mr. Byron Tsonakis		
<b>Fax Number :</b>	+30 26610 36551	<b>Tel Number:</b>	+30 26610 36540
<b>Address:</b>	Nafsikas str. - Kanoni Area - Corfu Town, Corfu - GR - 49100		
<b>Email Address:</b>	sales@corfuholidaypalace.gr		
<b>Total No. of pages :</b>	2		

### A. BOOKING DETAILS

<b>First Name:</b>			
<b>Family Name:</b>			
<b>Arrival Date:</b>			
<b>Departure Date:</b>			
<b>No of Nights:</b>			
<b>No of Persons:</b>	<b>Adults:</b>		
	<b>Children:</b>		

<b>Accommodation Requirements</b>				
<b>(The prices are per person per night)</b>				
<i>Please tick choice of room</i>				
	<b>HalfBoard</b>	<input type="checkbox"/>		
<b>Single room:</b>	€ 102	<input type="checkbox"/>	<b>Total:</b>	
<b>Twin/Double room:</b>	€ 66	<input type="checkbox"/>	<b>Total:</b>	
<b>Triple room :</b>	€ 64	<input type="checkbox"/>	<b>Total:</b>	
				<b>Total Cost:</b>

### B. CONTACT DETAILS

<b>Please confirm my booking by Fax</b>	
<b>Fax Number:</b>	
<b>OR Please confirm my booking by E-mail</b>	
<b>E-mail Address:</b>	

## BOOKING FORM

### C. PAYMENT INSTRUCTIONS

CREDIT CARD PAYMENT	
<b>I wish to pay by credit card</b>	(TICK THIS BOX)
<u>Card details</u>	
Type of card :	
Name on card :	
Card number :	
Expiry Dates :	
Authorisation to charge One night to card :	.....
	(Signature of card holder)

BANK TRANSFER	
<b>I wish to pay by Bank Transfer</b>	(TICK THIS BOX)
Payment to:	Alpha Bank Corfu Branch
Account number:	681-00-2002-008655
IBAN number:	GR760 140 681 068 100 200 200 8655
Swift code:	CRBAGRAA
To the order of:	Hotel and Tourist Enterprises Tsaousoglou S.A
<b>Please specify payment is for - "CORFU2016"</b>	

ADDITIONAL INFORMATION
<i>Attendees will receive immediate confirmation of booking from the Hotel (by fax or e-mail), or as soon as the bank transfer is received.</i>