

2ND ANNUAL IAAE CONFERENCE

25-27 JUNE 2015

ACCOMMODATION RESERVATION FORM

Please use block letters

Title: Mr. / Mrs.

Surname

First Name

Address

City

Postal Code

Country

E-mail

Telephone

Facsimile

Date in

Date out

Duration of stay

Room Type

Deluxe single room
Deluxe double room

Euro/night

80,00 €
90,00 €

Remarks

Reservation Conditions

- ❖ The above mentioned rates are valid per room and per night including American buffet breakfast, all taxes and service charges.
- ❖ A confirmation will be sent to acknowledge the request of reservation by **Grand Hotel Palace** via e-mail or fax.
- ❖ After the reservation, the hotel has the authority to charge the total amount of the reservation 7 days before arrival or you settle the prepayment by bank transfer to our account number **Alphabank with ACC No 708 / 0023 2000 2100 IBAN: GR7001407080708002320002100 Swift Code : bic/CRBAGRAAXX Dedeoglou S. & OL.& SIA OE.**
- ❖ Cancellations made up 8 days before arrival do not bear any penalties. Cancellations made from 7 till 4 days prior to arrival, will result in a penalty fee equivalent to 1 night of the total reservation. Any cancellation 3 days prior to arrival or no-show or early departure will result in a penalty fee equivalent to the total value of the reservation.

Payment Method **Credit Card** []

Bank Transfer []

If choose credit card, please complete the below authorization form.

Credit Card

I authorize Grand Hotel Palace to charge my credit card with the total amount of my reservation :

[] VISA

[] MASTERCARD

[] AMERICAN EXPRESS

[] DINERS

CREDIT CARD

Card Type _____

Card Number _____

Expiry Date ____/____

Last 3 digits on the back of the card _____

Signature _____

Date _____

Please be so kind and send the above reservation form by fax or e-mail to:

GRAND HOTEL PALACE

Monastiriou str. 305-307

54628, Thessaloniki, Greece

Tel: +30 2310 549049 - Fax: +30 2310 549149

E-mail: reservations@grandhotelpalace.gr

<http://www.grandhotelpalace.gr>