



**“Hotel Booking Form”**  
**4rd IC-SCCE Conference 7-10 July 2010**  
**Divani Caravel Hotel, Athens**

Please ensure the Hotel Reservation Form is faxed or e-mailed to the:  
**Email:** [reservations@divanicaravel.gr](mailto:reservations@divanicaravel.gr) – **Fax:** 0030 210 7253750

For confirming your reservation, you are kindly requested to fill in the present form and return it to us duly signed. In order to secure space, reservation forms should be sent to our reservations fax number 00302107253750 or e-mail [reservations@divanicaravel.gr](mailto:reservations@divanicaravel.gr) by **10<sup>th</sup> May 2010**. Our reservations department will confirm back your reservation when all information is received. After the above due date, your reservation will be confirmed subject to hotel’s availability.

<b>Family Name:</b>		<b>First Name:</b>	
<b>Company Name:</b>			
<b>Address:</b>			
<b>City:</b>		<b>Country:</b>	
<b>Postal Code:</b>		<b>Tel:</b>	
<b>Fax:</b>		<b>E-mail:</b>	

A special room rate has been negotiated for this event at the **Divani Caravel Hotel**. Delegates, wishing to make a reservation should contact the Hotel directly and refer to their participation to the **4rd IC-SCCE Conference 7-10 July 2010**

**Single Superior room at 125,00 Euro**

**Double Superior room at 145,00 Euro**

Room rates are inclusive of Breakfast, services and current taxes (9.545%). Should taxes changed, rates will be adjusted accordingly. Above rates are applicable in case you would like to extend your stay pre or post the meeting dates, subject to hotel’s availability at the time of the booking.

<b>Room type required (please tick appropriate box):</b>			
<b>Superior, Single occupancy:</b>	<input type="checkbox"/>	<b>Superior, Double occupancy:</b>	<input type="checkbox"/>
<b>Arrival Date (DD/MM/YYYY):</b>		<b>Departure Date (DD/MM/YYYY):</b>	
<b>Total Nights:</b>			
<b>Arrival time at the hotel:</b>			

**RESERVATION DEPOSIT & CANCELLATION - NON-SHOW TERMS:**

I accept the charge of one night deposit, non-refundable and non transferable, as guarantee for my reservation. In case of cancellation **after June 24th, 2010** or in case of non-show (without prior cancellation) or early departure, all nights fees will be charged.

<b>Credit Card Number:</b>			
<b>Credit Card Type:</b> (tick applicable)	<input type="checkbox"/> VISA <input type="checkbox"/> MasterCard <input type="checkbox"/> AMEX	<b>Other (please indicate type):</b>	<b>Expiring Date (MM/YY):</b>
<b>Cardholder’s Name:</b>			
<b>Signature:</b>		<b>Date:</b>	

**\*\*\* A clear copy of both sides of your personal credit card is required \*\*\***  
**This credit card must be presented upon check in**

We thank you and are looking forward to welcoming you in “**Divani Caravel Hotel**”