

**ALDEMAR HOTELS**  
Hersonissos, Crete, Greece

**FAX or E-MAIL RESERVATION FORM**

**Please, fill in this form and send it directly to the hotel at the fax number: +30-28970-27613.**

**Conference reservation dpt. E-mail: [rmvbook@aldemarhotels.com](mailto:rmvbook@aldemarhotels.com) Tel: +30-28970-27320**

**Contact Information:**

First name: \_\_\_\_\_ Last name: \_\_\_\_\_

Affiliation: **I.T Security Meeting (FORTH)**

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip code: \_\_\_\_\_ Country: \_\_\_\_\_

Email: \_\_\_\_\_ Home phone: \_\_\_\_\_

Work phone: \_\_\_\_\_ Fax: \_\_\_\_\_

**Booking Information:**

Booking period

Arrival: \_\_\_\_\_ Flight No.: \_\_\_\_\_ Time: \_\_\_\_\_

Departure: \_\_\_\_\_ Flight No.: \_\_\_\_\_ Time: \_\_\_\_\_

Number of Nights: \_\_\_\_\_

**Please select the hotel of your choice**

***ALDEMAR Royal Mare Village Hotel – Meeting Venue***

<u>Room Type</u>	<u>No of Rooms</u>	<u>Price (per room per day) in euros</u>
Single Bungalow	_____	114, 00 Euros BB
Double Bungalow	_____	143, 00 Euros BB

Number of Adults: \_\_\_\_\_ Number of children: \_\_\_\_\_

**Payment and Cancellation Policy:**

You will pay directly at the hotel. Cancellation details as below

- For all cancellations made by the participants until one month before the conference start, there will be no cancellation fees
- For all cancellations made from 30 days until 21 days before conference start, there will be a charge equal to 1 overnight, for the cancelled rooms.
- For all cancellations made from 20 day until 14 days before conference start, there will be a charge equal to 2 overnights, for the cancelled rooms.
- For all cancellations made from 13 days until 7 days before conference start, there will be a charge equal to 3 overnights, for the cancelled rooms
- For all cancellations made after the 6 days before conference start or/and for NON-SHOW guests, there will be a full charge equal to reserved overnights

**Credit Card Information:**

In order to confirm your reservation, please provide your credit card information.

Card Type: \_\_\_\_\_ Name on Card: \_\_\_\_\_

Card Number: \_\_\_\_\_ Expiry Date: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_

We should contact you on:

Phone (home) \_\_\_\_\_ Phone (work) \_\_\_\_\_ Fax \_\_\_\_\_ E-mail \_\_\_\_\_

Please indicate hours: \_\_\_\_\_

Additional Information & Wishes:

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