



WINTER 2014 CONFERENCE OF THE MULTINATIONAL FINANCE SOCIETY

Athens 14.12.2014 – 16.12.2014

Dear participants of the **Winter 2014 Conference of the Multinational Finance Society**,

In order to secure your accommodation in Athens during the Conference , kindly complete the present Accommodation Form & send it to ALICE TRAVEL either by email at : info@alicetravel.gr or by fax at +30 210 3230423.

All the rates below include the following services :

- *ACCOMMODATION IN SINGLE OR DOUBLE ROOMS AT THE SELECTED HOTELS*
- *DAILY BUFFET BREAKFAST*
- *VAT & LOCAL TAXES*

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SELECTED HOTELS & RATES

HOTEL NAME	PRICE PER SINGLE ROOM PER DAY	PRICE PER DOUBLE ROOM PER DAY
ROYAL OLYMPIC	100,00 EURO	110,00 EURO
ATHENS GATE	90,00 EURO	100,00 EURO
AIROTEL PARTHENON	65,00 EURO	70,00 EURO

Please tick the box beside the hotel & room type that you wish to reserve :

HOTEL YOU HAVE SELECTED :

ROOM TYPE	PLEASE TICK HERE FOR ACCEPTANCE	NUMBER OF ROOMS
SINGLE ROOM		
DOUBLE ROOM		

CHECK IN DATE :
(dd/mm/yyyy)

CHECK OUT DATE :
(dd/mm/yyyy)

TOTAL COST OF ACCOMMODATION IN ATHENS :

..... **OVERNIGHTS X (PRICE PER ROOM PER DAY) = EURO**

NAMES OF PARTICIPANTS / GUESTS :

1.
2.
3.
4.

BILLING INFORMATION (MANDATORY)

SURNAME : NAME:.....

TITLE:

POSTAL ADDRESS: CITY:

POSTCODE: COUNTRY:.....

TELEPHONE: MOBILE:

FAX: E-MAIL:

PAYMENT

Full Prepayment of the reservations should be effected:

- **By bank remittance to ALICE TRAVEL at the following IBAN Data :**

BANK NAME : THE NATIONAL BANK OF GREECE

IBAN: GR3601101040000010444068182

BIC: ETHNGRAA

HOLDER OF THE ACCOUNT: ALICE TRAVEL / AFOI A. OIKONOMOU & SIA EE

To the order of ALICE TRAVEL

Please send us by fax (+30 210 3230423) the bank transfer receipt by mentioning the Event and participant's name.

- **By Credit Card**
 - All major credit cards are accepted. Please complete the following information and return the following statement duly signed (by fax or e-mail) in order for us to charge the Credit Card with the relevant amount.
 - Please note that it is very important to write the last 3 digits found on the rear side of the credit card (CCV code of your card).

I authorize ALICE TRAVEL to debit my Credit Card for the amount of _____ Euro			
No. Card:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
Expiry date: _____ <small>(dd/mm/yyyy)</small>	Valid from: _____ <small>(dd/mm/yyyy)</small>	3last digits: <input type="text"/> <input type="text"/> <input type="text"/>	
Cardholder's Name (as displayed on the card)			

<input type="checkbox"/> Visa	<input type="checkbox"/> Diners	<input type="checkbox"/> American Express	<input type="checkbox"/> Mastercard
Date : _____ <small>(dd/mm/yyyy)</small>	Signature:		

- **No personal cheques are accepted**

In case you need an invoice instead of a receipt, please complete the following details:

Company's Name :		
Contact Person :		
Profession :		
POSTAL ADDRESS:		
CITY:	POSTCODE:	COUNTRY:
TEL (please include country code):	Fax:	E-mail:
_____	_____	_____
VAT No:		
Tax Authority – DOY (only for Greek companies):		

IMPORTANT NOTE: All the aforementioned costs are payable in full without deduction of any bank charges. All banks surcharges are payable by the participant.

CANCELLATION POLICY:

- For any reservation cancelled until 30/11/2014 no cancellation fees apply
- For any reservation cancelled from 01/12/2014 until 07/12/2014 cancellation fees of 50 % apply.
- For any reservation cancelled from 07/12/2014 and onwards, 100% cancellation fees apply.

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For any further inquiry do not hesitate to contact ALICE TRAVEL as follows:

ALICE TRAVEL

3, Lekka Street

Athens 10563

GREECE

Tel: +30 2103235185

Fax: +30 2103230423

Email: info@alicetravel.gr

Website: www.alicetravel.gr