



NEUROMED 2012 - SEMELI HOTEL RESERVATION FORM

Surname: ----- Name: -----

Second Person in double/twin room: -----

Surname: ----- Name: -----

Address: -----

Phone: ----- Fax: -----

Arrival Date: ----- Departure Date: -----

No of nights: -----

Standard Room single use: 75 euro per night,

Double occupancy: 100 euro per night

Please note that above Rates include: Buffet breakfast, welcome drink upon arrival, free internet throughout the establishment, free coffee and tea facilities provided in every room daily renewed, free seasonable fruits and wine provided on the day of arrival in every room and free use of the gym facilities.

Special requests: -----

Credit Card Number: -----

Date Expires: ----- Credit Card type: -----

*The credit card number given is to guarantee my booking and my account will not be debited until my departure. I agree that cancellation during the last 2 days before the arrival I will be charged for a one night's accommodation and in case of non-arrival on the confirmed date I will be charged the whole accommodation cost.

Signature: ----- Date: -----

The rate offered is only available to registered delegates of the above meeting and are strictly subject to availability.

PLEASE FILL IN THIS FORM AND FAX IT TO +357 22 67 02 00 or EMAIL IT AT: hotel@semelihotel.com.cy
Any queries on the booking of the hotel should be directed to tel. +357 22 45 21 21.

CONFIRMATION: We are pleased to confirm the above reservation.

Confirmation Number: ----- DATE: -----

SIGNATURE: -----