



Hotel Reservation form

SIS-E ATHENS 2018

31st European Annual

CONGRESS ON SURGICAL INFECTIONS

Crowne Plaza Hotel, 7 – 9 June, 2018

Family name:

First name(s):

Tel: Fax:
Country code / City code / Number

E-mail*:

* Please complete this field. All confirmation will be sent via e-mail.

Hotel Accommodation (including American buffet breakfast & current taxes)

Arrival date: / 06 / 2018

Departure date: / 06 / 2018

Total overnights:

Hotel Name	Single	Double/Twin	X nights
CROWNE PLAZA	150 €	165 €	X.....
Total for Hotel Accommodation			€

- Prices are subject to municipality tax 4€ per room per night to be paid by the client directly to the hotel.
- Bookings will be made for 3 nights minimum.

Cancellation and Payment policy

Payment Policy

- 1 night deposit is required to confirm your accommodation,
- Full payment for accommodation must reach ERA Ltd until **April 30th, 2018**

Cancellation Policy

Cancellation requests must be made to ERA Ltd in writing:

- For cancellations, received until **March 1st, 2018** refund of one night deposit less 20€ for administration fees, will be made.
- For cancellations, received between **March 1st and April 30th, 2018** one night cancellation fees will be charged
- After **May 1st, 2018** refunds for accommodation will not be possible.

Method of payment

Payment can be effected either:

a) By bank remittance to the order of ERA LTD stating the SIS-E ATHENS 2018, as well as the name of the participant:

To Alpha Bank to the order of ERA Ltd Account No: **101.00.2002.044307**

IBAN: GR66 0140 1010 1010 0200 2044 307 SWIFT: CRBAGRAAXX HOLDERS ACCOUNT: ERA

LTD BANK ADDRESS: 40 STADIU STR. P.C.102-52, ATHENS CENTRAL

Please enclose a copy of transfer receipt with the reservation form.

b) By major credit cards. Please complete the relevant information as described below. Written confirmation will be sent by ERA Ltd, upon receiving your form.

I authorize ERA Ltd to settle my account to the congress by April 30th, 2018 for the Sum of: €

VISA MASTERCARD AMEX

Card Number:

Expiration Date: /

Cardholder's name:

Signature:

Date: / /