**COMPANY**

**DELEGATE** (name badge will be printed accordingly)

Family name First name

Job title, degree/designation

Date of Birth

Phone Mobile

E-mail Fax

**If you travel with your spouse:**

Spouse’sfamily and first name

Spouse’s e-mail or contact phone number

**Divani Apollon Palace & Thalasso** **hotel** (10 Ag. Nikolaou & Iliou, 16671, Vouliagmeni)

Tel. +30 210 89 11100, www.divanis.com

Reservation via IA Intercable (prepayment)  Reservation on your own

Arrival Date Departure Date

**ROOM TYPE**

Single occupancy Double occupancy

Superior Room (€180)  Double Superior Room (€200)

**PAYMENT METHOD**

By credit card (Authorization Form)  By bank transfer (Hotel invoice)

Name of the hotel in case you book on your own

Your flight No from date

Your return flight No to date

**REGISTRATION FEE €200 (for every second and further participant)** will be paid:

By wire transfer  By cash upon arrival

**Participation in Athens sightseeing** (26.10.17)

yes  no

Date Signature