**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