

European Worm Meeting 2006
Crete, 29 April – 3 May

ACCOMMODATION FORM

(To be sent as an e-mail message, attachment to: ewm2006@imbb.forth.gr, or faxed to +30-2810-391101)

PERSONAL DETAILS

First name: _____ Last name: _____
Title: Prof. Dr. Mrs. Mr. Gender: Male Female
Affiliation: _____
Street address: _____
Zip code: _____ City: _____ Country: _____
e-mail address: _____

ACCOMMODATION REQUEST - Please consider 4 nights accommodation for the meeting (check in: 29 April – check out: 3 May 2006)

Prices are per room / per night in bed/breakfast basis. Lunches and dinners will be served at the conference venue and the price is included in the registration fees.

	Creta Maris Hotel (room/night)	Hersonissos Maris Hotel (room/night)	Hersonissos Palace Hotel (room/night)	Heronissos Hotel (room/night)	Albatros Hotel (room/night)
Single / BB	95,00 Euros	70,00 Euros	70,00 Euros	50,00 Euros	45,00 Euros
Double (two adults) / BB	108,00 Euros	80,00 Euros	80,00 Euros	66,00 Euros	54,00 Euros
Triple (three adults) / BB	144,00 Euros	114,00 Euros	114,00 Euros	90,00 Euros	72,00 Euros

For detailed information, please refer to the "accommodation" page of the ewm2006 website.

Dates: Check in: _____ Check out: _____ Total nights: _____

Preferred hotel: _____

Room type: Single Double Triple Shared double Shared triple

Sharing participant(s) name(s): _____

I would appreciate it if the organizers could find a roommate for me

For different accommodation arrangements please contact the meeting secretariat by e-mail, subject to availability.

PAYMENT METHODS - Your accommodation is considered confirmed ONLY when accommodation cost is deposited - Please note that reservations will be on a 'first-come-first-served' basis

Bank Transfer [must be made without any charges for the recipient]

Bank : PIRAEUS BANK
Address : Science & Technology Park Branch, Heraklion 71110 Crete, Greece
BIC : PIRBGR A A
Account Number : GR23-0172-7550-0057-5502-4617-652
Account Holder : Georgia Houlaki [EWM2006 Secretary]

Don't forget to mention your name when depositing the fees and send the remittance statement by fax to: +30 2810 391101 [c/o G. Houlaki]

Credit Card [You are advised NOT to send credit card details electronically. In this case, do not send the form as e-mail message attachment. Please submit the form by fax to +30 2810 391101 - c/o G. Houlaki]

Card type : VISA Master Card AmEx Other

Card number : _____ - _____ - _____ - _____

Valid : from / to / CVV*

Holder's name: _____ Signature: _____

* CVV: The last 3 digits of the number at the back of the credit card