"Hotel Booking Form"

INTERNATIONAL CONFERENCE ON MANAGEMENT OF DATA
SIGMOD PODS' 11
12 – 17 JUNE 2011
Divani Caravel Hotel, Athens

Please ensure the Hotel Reservation Form is faxed or e-mailed to the:
Email: reservations@divanicaravel.gr – **Fax**: +30 210 7253750

For confirming your reservation, you are kindly requested to fill in the present form and return it to us duly signed. In order to secure space, reservation forms should be sent to our reservations fax number +30 210 7253750 or e-mail to reservations@divanicaravel.gr, ***by 30 May 2011.***
Our reservations department will confirm back your reservation when all information is received.

Family Name:		**First Name:**	
Company Name:			
Address:			
City:		**Country:**	
Postal Code:		**Tel:**	
Fax:		**E-mail:**	

A special room rate has been negotiated for this event at the **Divani Caravel Hotel**. Delegates, wishing to make a reservation should contact the Hotel directly and refer to their participation to the **SIGMOD PODS' 11 * 12 – 17 JUNE 2011**

Single Superior room at 160,00 Euro
Double Superior room at 180,00 Euro

Room rates are inclusive of American Buffet Breakfast, services and current taxes (9,545%). Should taxes changed, rates will be adjusted accordingly.

Room type required (please tick appropriate box):

Superior, Single occupancy:	☐	**Superior, Double occupancy:**	☐
Arrival Date (DD/MM/YYYY):		**Departure Date (DD/MM/YYYY):**	
Total Nights:		**Arrival time at the hotel:**	

RESERVATION DEPOSIT & CANCELLATION / NON-SHOW TERMS:

In case of cancellation after 12/05/2011, 3nights cancellation penalty will apply.
In case of non show on the expected date of arrival, all expected room nights will be charged.

Credit Card Number:					
Credit Card Type: (tick applicable)	☐ VISA ☐ MasterCard ☐ AMEX	Other (please indicate type):		**Expiring Date (MM/YY):**	
Cardholder's Name:					
Signature:		**Date:**			

(Credit card to be presented upon check in)

We are looking forward to welcoming you in "**Divani Caravel Hotel**"