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# **RESERVATION FORM**

**The 8th International Wireless Communications and Computing Conference**

**(IWCMC 2012)**

**27th – 31st August 2012**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Title: | First Name: | | | Last Name: | | |
| Address: | | | | | | |
| Tel: | Fax: | | | E-mail: | | |
| **Room Type Preference:**  SingleDouble  Full name of guest sharing Twin Room: ……………………………………………………………………………………………  € ……………..(room rate) **X** ……………..(days of stay) = **€………………….** | | | | | | |
| **Rates:**  Rates quoted are in EURO, per room per night and are inclusive of buffet breakfast and all taxes. Payment to be made directly to the hotel.    **-** **Single Room Bed & Breakfast : €140.00 per room per day**  **- Double Room Bed & Breakfast: €170.00 per room per day** | | | | | | |
| **Cancellation Policy:**  The hotel reserves the right to charge 100% of the room rate of a confirmed booking in case of cancellation less than 7 days before arrival or for **No Show**. | | | | | | |
| **Credit Card Details:** | | | | | | |
| Credit Card Holder’s Name Credit Card Type and Number Expiry Date  ---------------------------------------------------- ------------------------------------------------------ ------------------------- | | | | | | |
| **Flight Details:** | | | | | | |
| Flight No: | Arrival Date: | | Departure Date: | | | Airport: |
| Date | Time | Date | | Time |
| **FOR HOTEL USE:**    Hotel Stamp & Confirmation Signature of Approval …………..………………. Date ……………….. | | | | | | |

Kindly fill up this form and e-mail it to Mr. Aristos Kotsonis on [aristos.k@grandresort.com.cy](mailto:aristos.k@grandresort.com.cy)

or fax it to +357-25636945 - Tel. no. +357-25634333 - Website [www.grandresort.com.cy](http://www.grandresort.com.cy)