

6th EURO FED LIPID CONGRESS

Athens, September 7-10, 2008, Athenaeum Intercontinental Hotel

Reservation Form

Please type or print in block letters the present Reservation Form and return it to the:

Congress Secretariat: TRIAENA TOURS & CONGRESS S.A.,

15, Mesogion Ave., ATCHLEY House, 115 26, Athens, Greece

Tel. +30 210 7499300, Fax. +30 210 7705752, E-mail : congress@triaenatours.gr

<http://www.triaenatours.gr>

Surname

Name

Title: Prof. Dr. Mr. Ms

Address

City

Zip Code

Country

Tel.

Fax

E-mail

All rates are in EURO

HOTEL ACCOMMODATION

Arrival Date..... Number of flight..... Departure Date.....Number of flight.....

Rates are daily per room including breakfast and taxes

HOTEL	CATEGORY	SINGLE ROOM	DOUBLE ROOM	NUMBER OF NIGHTS	TOTAL IN €
Athenaeum Intercontinental (Congress Venue)	5***** Deluxe	215 € <input type="checkbox"/>	230 € <input type="checkbox"/>	x .....	.....
Esperia Palace Hotel	4**** Superior	145 € <input type="checkbox"/>	165 € <input type="checkbox"/>	x .....	.....
Athens Imperial Hotel	4**** Superior	145 € <input type="checkbox"/>	165 € <input type="checkbox"/>	x .....	.....
Titania Hotel	4**** Standard	115 € <input type="checkbox"/>	130 € <input type="checkbox"/>	x .....	.....
Parthenon Hotel	4**** Standard	115 € <input type="checkbox"/>	130 € <input type="checkbox"/>	x .....	.....
Pan Hotel	3*** Superior	65 € <input type="checkbox"/>	73 € <input type="checkbox"/>	x .....	.....
Oscar Inn Hotel	3*** Superior	65 € <input type="checkbox"/>	73 € <input type="checkbox"/>	x .....	.....
Oscar Hotel	3*** Superior	65 € <input type="checkbox"/>	73 € <input type="checkbox"/>	x .....	.....
Golden City Hotel	3*** Superior	83 € <input type="checkbox"/>	90 € <input type="checkbox"/>	x .....	.....
Evripidis Hotel	3*** Superior	65 € <input type="checkbox"/>	73 € <input type="checkbox"/>	x .....	.....
City Plaza Hotel	3*** Superior	65 € <input type="checkbox"/>	73 € <input type="checkbox"/>	x .....	.....
Dorian Inn Hotel	3*** Superior	83 € <input type="checkbox"/>	90 € <input type="checkbox"/>	x .....	.....
Achilion Hotel	3 *** Superior	65 € <input type="checkbox"/>	73 € <input type="checkbox"/>	x .....	.....

HOTEL	CATEGORY	SINGLE ROOM	DOUBLE ROOM	NUMBER OF NIGHTS	TOTAL IN €
Iniohos Hotel	2** Standard	95 € <input type="checkbox"/>	110 € <input type="checkbox"/>	x .....	.....
Ilissos Hotel	2** Standard	95 € <input type="checkbox"/>	110 € <input type="checkbox"/>	x .....	.....
Filoxenia Hotel	2** Standard	38 € <input type="checkbox"/>	50 € <input type="checkbox"/>	x .....	.....
Aristotelis Hotel	2** Standard	38 € <input type="checkbox"/>	50 € <input type="checkbox"/>	x .....	.....
TOTAL FOR HOTEL ACCOMMODATION					.....

CANCELLATION POLICY

- Written cancellation received by March 31st, 2007: **No cancellation fees**
- Written cancellation or overnight reduction received between April 1st, 2008 and May 31st, 2008 **30% cancellation fees apply**
- Written cancellation or overnight reduction received between June 1st, 2008 and July 31st, 2008 **50% cancellation fees apply**
- Written cancellation or overnight reduction received after August 1st, 2008 **100% cancellation fees apply**

PAYMENT CONDITIONS

A deposit of € 80 is required to confirm requested Accommodation.
Full payment is required no later than July 31st, 2008.

Payment should be effected:

- ❖ **By an International Banker's cheque** to the order of TRIAENA TOURS & CONGRESS S.A, by mentioning Congress and participant's name.
- ❖ **By bank remittance to:** EFG EUROBANK ERGASIAS
Platia Omonias Branch
56, Stadiou & Eolou 98 St., 105 64 Athens - Greece
Account Number : 026062020009810715 4
IBAN No. GR 5702600620000150200098107
Swift Code: E F G B G R A A
To the order of TRIAENA TOURS & CONGRESS S.A.,
by mentioning the Congress and participant's name
- ❖ **By Credit Card**
 - All major credit cards are accepted. Please send a fax or letter or e-mail, with your credit card number, expiration date and authorization to charge the relevant amount.
 - For Credit Card's payments, please send the following statement, duly signed:
 - Please note that it is very important to write the last 3 digits found on the rear side of your credit card

I authorize TRIAENA TOURS & CONGRESS S.A.	
to debit my Credit Card for the total amount of _____	
No. Card <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Expiration date: __/__/__
3 last digits: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Valid from: __/__/__
<input type="checkbox"/> Visa	<input type="checkbox"/> Diners
<input type="checkbox"/> American Express	<input type="checkbox"/> Mastercard
Date: __/__/__	Signature: _____

- No personal cheques are accepted.

Date _____

Signature _____