



# XV REGIONAL CONGRESS EUROPE

INTERNATIONAL SOCIETY OF BLOOD TRANSFUSION

SOCIÉTÉ INTERNATIONALE DE TRANSFUSION SANGUINE

JULY 2-6, 2005 INTERNATIONAL CONFERENCE CENTRE, MEGARON, THE ATHENS CONCERT HALL, GREECE

## ACCOMMODATION & TOURS RESERVATION FORM

Please type or use block letters and return this form to:



ERA Ltd., 8, Alexandrou Soutsou Str., Kolonaki 106 71, Athens - Greece

Tel.: +30 210 3634 944, +30 210 3632 950, Fax: +30 210 3631 690, e-mail: [info@era.gr](mailto:info@era.gr), web site: [www.era.gr](http://www.era.gr)

All rates are in EURO (€)

Family name: \_\_\_\_\_ First name (s) : \_\_\_\_\_

Title: Prof.  Dr.  Mr.  Ms.

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip code: \_\_\_\_\_ Country: \_\_\_\_\_

Tel: \_\_\_\_\_ Fax : \_\_\_\_\_ E-mail: \_\_\_\_\_

Accompanying Person (s) : Mr.  Ms  Child(ren)  Age: \_\_\_\_\_

1. Family name: \_\_\_\_\_ First name (s) : \_\_\_\_\_

### I. HOTEL ACCOMODATION

(Daily Hotel Rates per room, including Buffet Breakfast, Taxes & Service charges)

Arrival Date in Athens \_\_\_\_\_ Flight \_\_\_\_\_ Departure Date from Athens \_\_\_\_\_ Flight \_\_\_\_\_

Please indicate 4 hotels choices by order of preferences. An alternative hotel will be assigned.

Hotel first choice (1) \_\_\_\_\_ Hotel second choice (2) \_\_\_\_\_

Hotel third choice (3) \_\_\_\_\_ Hotel fourth choice (4) \_\_\_\_\_

Please indicate primary importance  Rate  Location

Hotel Name	Category	Single Room	Twin/Double Room *	No. of Nights	No of Rooms	Total in EURO
<b>ATHENS HILTON</b>	5 STARS					
Guest rooms		€190	€205	X	X	
Business rooms		€220	€240	X	X	
Executive floor		€250	€250	X	X	
Acropolis View Supplement		€ 35	€ 35	X	X	
<b>ATHENS PLAZA</b>	5 STARS	€175	€185	X	X	
<b>ST GEORGE LYCABETTUS</b>	4 STARS SUP	€165	€180	X	X	
<b>STRATOS VASSILIKOS</b>	4 STARS SUP	€165	€175	X	X	
<b>HOLIDAY INN</b>	4 STARS SUP	€165	€175	X	X	
<b>DIVANI CARAVEL</b>	4 STARS SUP	€160	€170	X	X	
<b>ROYAL OLYMPIC</b>	4 STARS	€150	€160	X	X	
<b>AIROTEL ALEXANDROS</b>	4 STARS	€150	€160	X	X	
<b>ESPERIA</b>	3 STARS SUP	€140	€155	X	X	
<b>GOLDEN AGE</b>	3 STARS SUP	€125	€135	X	X	
<b>PARTHENON</b>	3 STARS SUP	€125	€135	X	X	
<b>BEST WESTERN ILISIA</b>	3 STARS	€120	€130	X	X	
<b>AMALIA</b>	3 STARS	€ 95	€115	X	X	
<b>PRESIDENT</b>	3 STARS	€ 80	€ 90	X	X	
<b>ATHENS CYPRIA</b>	2 STARS					
Interior Rooms		€ 80	€ 100	X	X	
Acropolis View		€ 90	€ 110	X	X	
<b>TOTAL FOR HOTEL ACCOMMODATION (I)</b>						€

\* Sharing Double / Twin room with \_\_\_\_\_

## II. DAILY OPTIONAL TOURS DURING CONGRESS

with pick -up and drop-off service from/to Congress Hotels

NAME OF TOURS	Preferred date	Cost per person	No. of persons	Total in EURO
■ <b>Athens Sightseeing</b> tour (09:00 – 13:00)	/Jully,04	€ 46	X	
■ <b>Cape Sounion</b> (15:00 – 19:00)	/Jully,04	€ 32	X	
■ <b>One day Delphi</b> , including lunch (08:15 – 18:30)	/Jully,04	€ 82	X	
■ <b>One day Argolis</b> , including lunch (08:15 – 18:30) Except Sundays, Mondays and Fridays	/Jully,04	€ 82	X	
■ <b>One day Cruise</b> including lunch (08:00 – 19:15)	/Jully,04	€ 80	X	
<b>TOTAL FOR DAILY OPTIONAL TOURS (II)</b>				€
<b>GRAND TOTAL FOR (I) + (II)</b>				€

### Important notice:

**FOR THE PRE & POST CONGRESS TOURS OR TAYLOR MADE TOURS IN ANY DESTINATIONS, ALL OVER GREECE CAN BE ARRANGED UPON REQUEST.**

For further information please contact, ERA Ltd by: E-mail :info@era.gr or by Fax: +302103631690

## III. PAYMENT CONDITIONS FOR HOTEL AND TOURS RESERVATION

Payment should be made preferably in **EURO (EURO)**

**Two- (2) nights deposit**, drawn to **ERA Ltd.**, is required in order to confirm your **Hotel Reservation**.

**30% deposit**, drawn to **ERA Ltd.**, is required in order to confirm the optional and post Congress Tours.

Full payment for Hotel accommodation and Multi day Tours, should reach the Travel agency ERA Ltd, not later than **May 31st, 2005**.

## IV. CANCELLATION POLICY FOR HOTEL ACCOMMODATION AND TOURS

1. Written cancellation received by **April 30, 2005**: One (1) Night Cancellation fees.
2. Written cancellation received till **May 31, 2005**: Two (2) nights cancellation fees.
3. Written cancellation received after **June 01, 2005**: 100% cancellation fees apply for Hotel and Multi day Tours.

## V. PAYMENT CAN BE EFFECTED EITHER

- a) **By Bank remittance** to Bank of Cyprus- Athens Branch- 11 Vas. Sofias Ave. & Sekeri Str., Gr-10671- Athens Greece, to the order of **ERA Ltd**, Account No: **1 1 7 9 0 4 0**, (Swift Code BCYPGAA), stating the **XV ISBT CONGRESS 2005** as well as the name of the participant.

Please enclose a copy of transfer receipt with the form, **Charges to be paid by sender**.

Payment by Banque remittance can be effected only till **May 31, 2005**. After that date, payment can be made **ONLY** by credit card

- b) **By International Bankers Cheques to ERA Ltd** (personal cheques are not accepted) to the order of **ERA Ltd**, by mentioning Congress and participant's name.

- c) **By major credit cards**

I authorize **ERA Ltd** to debit my Credit Card, with 2 night deposit, as to guarantee, my hotel reservation

I authorize **ERA Ltd** to debit my Credit Card and settle my debit balance **by May 31, 2005**.

VISA    DINERS    MasterCard    AMERICAN EXPRESS

Card Number:     -     -     -

Issue Number/ CVC code: \_\_\_\_\_ (3 last digits on reverse side of the card)

Expiration Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Cardholder's name: \_\_\_\_\_

(Please type or use block letters)

Valid from: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ (for AMEXCO card only)

I agree with the above conditions

Cardholder's Signature \_\_\_\_\_

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_