

7th ~~evf~~ HOW 2016

HANDS-ON WORKSHOP on VENOUS DISEASE

GrandResort, Limassol, Cyprus

27 Oct – 29 Nov 2016

Education and hands-on practice for the benefit of patients with venous disease

ACCOMMODATION RESERVATION FORM

Title:	First Name:	Last Name:												
Address:														
Tel:	Fax:	E-mail:												
Room Type Preference: Single <input type="checkbox"/> Double <input type="checkbox"/> 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 : €99.00 per room per day - Double Room Bed & Breakfast : €115.00 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 5 days before arrival or for No Show .														
Credit Card Details: <table style="width: 100%; border: none;"> <tr> <td style="width: 33%;">Credit Card Holder's Name</td> <td style="width: 33%;">Credit Card Type and Number</td> <td style="width: 33%;">Expiry Date</td> </tr> <tr> <td>.....</td> <td>.....</td> <td>.....</td> </tr> </table>			Credit Card Holder's Name	Credit Card Type and Number	Expiry Date						
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Flight Details: <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%;">Flight No:</td> <td style="width: 16.5%;">Arrival Date:</td> <td style="width: 16.5%;">Departure Date:</td> <td style="width: 34%;">Airport:</td> </tr> <tr> <td></td> <td>Date</td> <td>Time</td> <td>Date</td> </tr> <tr> <td></td> <td></td> <td></td> <td>Time</td> </tr> </table>			Flight No:	Arrival Date:	Departure Date:	Airport:		Date	Time	Date				Time
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	Date	Time	Date											
			Time											
FOR HOTEL USE: <table style="width: 100%; border: none;"> <tr> <td style="width: 33%;">Hotel Stamp & Confirmation</td> <td style="width: 33%;">Signature of Approval</td> <td style="width: 33%;">Date</td> </tr> </table>			Hotel Stamp & Confirmation	Signature of Approval	Date									
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Kindly fill in this form and e-mail it to the Reservations Manager, Mr. Aristos Kotsonis on aristos.k@grandresort.com.cy or fax it to +357-25636945 - Tel. no. +357-25634333 - Website www.grandresort.com.cy