



ICCMSE 2019

Reservation Form for ICCMSE 2019 Accommodation

Sheraton Hotel, Rhodes, Greece, 1-5 May 2019

Personal Details

Title Mr Mrs Dr Prof Surname First Name

Address City

Country Postcode Telephone

Telefax Mobile Ph Email

Name of Accompanying Person(s), if any:

- 1) Title Mr Mrs Dr Prof Surname First Name
- 2) Title Mr Mrs Dr Prof Surname First Name
- 3) Title Mr Mrs Dr Prof Surname First Name

Room Prices

a. Room Fares including Breakfast and Dinner:

	Classic Rooms
Single Bed	125.00€
Double Bed	145.00€
Triple Bed	185.00€

Check in date: _____

Check out date: _____

Accommodation Payment Methods for Sheraton Rhodes Hotel:

1. By Bank Transaction

Sheraton Hotel Bank Account Details:

ALPHA BANK
Pl. Kiprou 12, Rodos 851 00, Greece
Account Number: 778002320000226
Touristika Theretra A.E.
IBAN: GR08 0140 7780 7780 0232 0000 226
SWIFT Code: CRBAGRAAXX

2. By Credit Card Charge

Credit Card Details:

<input type="text"/>		<input type="text"/>	
Name of the Card Holder		Billing Address	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Country	City	Post Code	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Credit Card Type	Credit Card Number	Expire Date	CVC Num.
 <input type="text"/>			

Proforma Invoice

In case there is need for a proforma invoice for your payment please send us the required details by email.

University Name: _____
Adress: _____
Country: _____
Vat Number: _____

- Please send this form via email and contact the Secretary of ICCMSE2019 or Zoi Bitsaxi - Sales Coordinator of Sheraton Rhodes Resort in order to arrange the reservation of your accommodation:

Mrs. Eleni Ralli Secretary of ICCMSE 2019 10 Konitsis Street, Amfithea - Paleon Faliron, GR-175 64 Athens, Greece Email: ralli.simou@gmail.com	Zoi Bitsaxi Sales Coordinator of Sheraton Rhodes Resort Telephone+30 22410 57546 Mobile +30 6958 452 994 Fax +30 22410 76690 Email Zoi.Bitsaxi@sheraton.com
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Date _____

Signature _____