

TRANSFER FORM FOR ICCMSE 2019 THROUGH KAPCO TRAVEL

PERSONAL DETAILS:

Title: Mr. Mrs. Dr. Prof.

Surname: First name:

Address: City:

Country: Telephone:

Mobile Ph.: Email: Hotel:

Name of accompanying persons:

1) Title: Mr. Mrs. Dr. Prof. Surname: First Name:

2) Title: Mr. Mrs. Dr. Prof. Surname: First Name:

If you wish Kapco Travel to arrange you transfers please also fill up the below details

Transfers:

Taxi (1-3 pax): cost 26, 00€ **per way/taxi**

Arrival date:

Airline Company: Flight number:

Arrival at Rhodes International airport:

Departure date:

Airline Company: Flight number:

Departure from Rhodes International airport:

Payments:

Through Credit card

Please charge the transfers on my credit card : YES NO

Visa Master Card

Credit card number:

Expiration date:

CCV number:

Name of Card Holder:

CANCELLATION POLICY

In case of cancellation the 70% will be refunded through the credit card.

I have read and understood the terms and conditions as outlined above.

This form will be destroyed after the receipt of the payment.

Signature

Date: