2006 IEEE International Symposium on Circuits and Systems (ISCAS 2006)

FAX TO: +30 2610 991 945

ACCOMMODATION/EXCURSIONS APPLICATION FORM

Deadline
May 12, 2006

Title: ☐ **Prof.** ☐ **Dr.** ☐ **Mr.** ☐ **Mrs.**

First Name: _____ **Middle Initial:** _____ **Last/Family Name:** _____

Company/Institution: _____

Address: _____

Province/State: _____ **Country:** _____ **Zip/Postal Code:** _____

E-mail: _____

Tel: + _____ (_____) _____ **Fax: +** _____ (_____) _____
Country code *Area Code* *Number* *Country code* *Area Code* *Number*

Name of Accompanying Person(s), if any:
☐ **Mr.** ☐ **Mrs.** **First Name:** _____ **Last/Family Name:** _____

HOTEL ACCOMMODATION (please indicate your **three** hotel choices, as outlined on the ISCAS web site)

Hotel Name	Room Type	Dates	Corresponding 1-night deposit
1st choice	☐ Single Room	In: _____	1st choice = € _____
2nd choice	☐ Double Room	Out: _____	2nd choice = € _____
3rd choice		A total of ( ) Nights	3rd choice = € _____

EXCURSIONS

Description	Date	Price No of persons	Amount (*In Euro*)
Kos Island Tour (Full Day - Not on Mondays)		€ 45 x	
Walking City Tour (Half Day - Not on Mondays)		€ 38 x	
Nissyros Island-volcano (Full Day)		€ 40 x	
Kalymnos-Pserimos Islands (Full Day)		€ 38 x	
Patmos Island (Full Day)		€ 70 x	
Turkey (Bodrum) (Full Day)		€ 40 x	
			Total = €

AIRPORT ARRIVAL TRANSFERS (to your hotel)**:**

Flight Schedule: Arriving at Kos airport on May _____ at _____ : _____ via _____ / _____.
date *hour : minutes* *airline / flight number)*

Please indicate _____ at € 15/person = € _____
# of persons *total*

CANCELLATION AND REFUND POLICY
Please check. ☐ **I have read and accepted the cancellation terms mentioned here and on the ISCAS '06 web site.**

METHOD OF PAYMENT – CHECK ONE ONLY

☐ **By Bank Transfer** (must be net of all expenses)
Fax this form and you will be sent an e-mail with necessary bank account details.
Please provide us with a valid e-mail address.

Hotel Cancellation Policy:
- 21 days in advance: no cancellation fee
- Between 21 and 7 days in advance: one night cancellation fee
- Less than 7 days or no shows: 50% of all-nights stay cancellation fee

All hotel cancellations will be charged with a € 30 administration fee
Excursions: No fee if you cancel until 24 hours in advance. Otherwise, or if you don't show up, there will be a 50% administration fee.

☐ **By Credit Card.** Please circle one: MasterCard / VISA
I authorize you to charge my credit card with the total amount for my accommodation, transfers, and excursions.

Card Number: ☐☐☐☐ ☐☐☐☐ ☐☐☐☐ ☐☐☐☐ Expiry Date: _____

Cardholder's Name *(In case the registrant is not the card holder, please fax also a copy of both sides of the credit card)*:

_____

ID validation number *(The last 3 digits of the number that can be found on the back side of your credit card)* :

_____

Cardholder's Signature: _____ Date: _____

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