3DTV-CON

THE TRUE VISION CAPTURE, TRANSMISSION AND DISPLAY OF 3D VIDEO
7-9 May, 2007, KICC , KOS ISLAND, GREECE

FAX TO: +30 2610 991 945

TRAVEL ARRANGEMENTS FORM

Deadline: **April 27, 2007**

Title: ☐ **Prof** ☐ **Dr** ☐ **Mr** ☐ **Ms** **First Name:** **Last/Family Name:** **Middle Initial:**

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:

(A) HOTEL ACCOMMODATION

Please indicate your hotel choice as outlined on the 3DTV-CON website

Hotel Name	Room Type	Dates	Corresponding 1 night deposit
	☐ Single ☐ Double ☐ Triple ☐ Paying child(ren) (Ages: ……, ……, ……)	In _____ Out _____ A total of ( ) Nights	Euro= _____

(B) EXCURSIONS

Excursion Name	*Date*	*Price x # of persons*	*Amount*
Kalymnos – Pserimos Islands	Saturday May 5th	€ 38 x	€
Kos Island Walking Tour	Sunday May 6th	€ 39 x	€
Kos Island	Monday May 7th	€ 40 x	€
Bodrum, Turkey	Tuesday May 8th	€ 40 x	€
Nissyros Island	Wednesday May 9th	€ 40 x	€
Patmos Island	Thursday May 10th	€ 70 x	€
		(B) Total for Excursions: €	

CANCELLATION POLICIES

☐ **I have read and accepted the cancellation terms mentioned on this form and on the 3DTV-CON web site.**
Signature:……
Date:……

Hotel Cancellations	Excursion/Airport Transfer Cancellations
• 21 days in advance: no cancellation fee • 21 to 7 days in advance: one night cancellation fee • Less than 7 days in advance or no shows: 100% of all nights stay cancellation fee *NB All hotel cancellations will be charged with a € 30 administration fee*	No cancellation fee if you cancel up until 7 days before Conference (April 27th). 50% of total excursion amount will be charged for cancellations after April 27th or if you do not show up for the excursion(s).

METHOD OF PAYMENT (Tick ONE)

☐ **By Bank Transfer** (Amount must be net of bank charges)
A notification email with the bank details will be sent to the email address given in this form.

***NB:* For Bank transfers, do not forget to fax a copy of the bank transfer transaction to +30 2610 991945.**

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

Card Number: ☐☐☐☐ ☐☐☐☐ ☐☐☐☐ ☐☐☐☐ Expiration Date:_____

Cardholder's Name *(If the registrant is not the cardholder, please also fax 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:

3DTV-CON Travel Arrangements Desk
c/o MeetingPlanner.gr
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