

**MED 2009**  
**17<sup>TH</sup> Mediterranean Conference on Control and Automation**  
**June 24-26, 2009**  
**Makedonia Palace, Thessaloniki, Greece**

**HOTEL ACCOMMODATION, TOURS & EXCURSIONS FORM**

To be returned together with proof of payment via AIRMAIL, FAX or EMAIL to:  
 EVENT MAKERS Ltd. – 14, K Palaiologou street, 171 21 Athens, Greece,  
 Tel.: +30 210 9311004-6, Fax: +30 210 9370207-8, email: [ekanelakou@eventmakers.gr](mailto:ekanelakou@eventmakers.gr)

**DELEGATE INFORMATION**

**Please complete this section accurately (Please TYPE or PRINT IN BLOCK LETTERS).**

The information you provide will allow us to correspond with you efficiently.

Title: Prof.  Dr.  Mr.  Mrs.  Ms.

Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_

Mailing Address: Office  Residence

Company / Institute: \_\_\_\_\_

Department: \_\_\_\_\_

Address: \_\_\_\_\_

ZIP Code: \_\_\_\_\_ City: \_\_\_\_\_ Country: \_\_\_\_\_

Telephone (Country Code/City Code/Number): \_\_\_\_\_

Fax (Country Code/City Code/Number): \_\_\_\_\_

Email Address: \_\_\_\_\_

Accompanying Person(s): Mr.  Mrs.  Ms.  Child(ren)  Age of child(ren): \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name(s): \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name(s): \_\_\_\_\_

**I. HOTEL RESERVATION (Daily hotel rates per room, including breakfast services & taxes)**

Check-in date: \_\_\_\_\_ Check-out date: \_\_\_\_\_

Hotel Name	Cat'	Distance from Congress Venue	Single Room	Double Room	Nights	Total €
Makedonia Palace	5*	Cong. Venue	<input type="checkbox"/> 155€	<input type="checkbox"/> 170€	X...	
AD Imperial	4*	1,5 Km	<input type="checkbox"/> 100€	<input type="checkbox"/> 115€	X...	
Metropolitan	3*	1 Km	<input type="checkbox"/> 80€	<input type="checkbox"/> 90€	X...	
<b>TOTAL FOR HOTEL ACCOMMODATION (I)</b>						_____ €

Special Requirements (non smoking, extra bed, etc.): \_\_\_\_\_

- Please note that accommodation is on a "first come first served" basis.
- Please note that accommodation for pre & post conference stay is strictly subject to availability.

## II. DAILY OPTIONAL TOURS

Tickets	Tours & Excursions	Date	Time	Rate/Person	Total €
X...	Traces of Alexander the Great	Wednesday, 24 June, 2009	09:00-17:00	95€	
X...	Chalkidki – Sithonia	Thursday, 25 June, 2009	09:00-19:00	90€	
X...	Meteora	Friday, 26 June, 2009	07:00-19:00	105€	
<b>TOTAL FOR TOURS (II)</b>					____€

## PAYMENT CONDITIONS FOR HOTEL / TOURS RESERVATION

- One (1) night deposit, payable to EVENT MAKERS, is required in order to confirm your requested Hotel Reservation
- 30% deposit, payable to EVENT MAKERS, is required in order to confirm your requested Tour Reservation
- Full payment for Hotel and Tours Reservation is required after **April 03, 09**.

## CANCELLATION POLICY FOR HOTEL ACCOMMODATION / TOURS

- Written cancellation for accommodation received **by February 20, 09**: no cancellation fees will be charged.
- Written cancellation for accommodation received **by April 10, 09**: 2 nights cancellation fees apply.
- Written cancellation for accommodation received **after April 10, 09**: 100% cancellation fees apply.
- Written cancellation for tours received **by June 05, 09**: no cancellation fees will be charged.
- No shows or unexpected departure: 100% of the total amount cancellation fees apply.
- All cancellations are to be addressed to EVENT MAKERS Ltd. in writing.
- All changes are to be addressed to EVENT MAKERS Ltd in writing.
- All necessary refunds for hotel reservations and tours will be made after the congress.

## METHOD OF PAYMENT FOR HOTEL ACCOMMODATION / TOURS

- All payments are to be made in EURO €
- Ensure that you send this fully completed form together with your payment.
- Please check that **your name and the name of the conference** are clearly indicated in order to ensure that the payment will be correctly registered.
- Please indicate the amount enclosed and your preferred method of payment.

### 1.) Payment by Bank Transfer: Bank Transfer

All payments are requested to be made in EURO (€). Please note that all bank charges will be at your expenses.

Bank Transfers are to be made to:

**Euro Bank Athens Branch, Greece**

**Name of the account: EVENT MAKERS LTD Account Number: 0026.0102.15.0200362744**

**IBAN Code: GR4202601020000150200362744 SWIFT/BIC Code: EFGBGRAA**

Please instruct your bank to carry out the transaction "free of all bank charges for the recipient". Bank fees will be charged to the participant. Don't forget to indicate your name and name of the conference on the bank transfer and send a copy of the bank transfer together with the fully completed form to EVENT MAKERS Ltd.

### 2.) Payment by Credit Card:

Visa

Master Card

Amex

Credit Card Number: \_\_\_\_\_

Expiry Date: Month \_\_\_\_\_ / Year \_\_\_\_\_

Card Holders Name: \_\_\_\_\_

**GRAND TOTAL AMOUNT I + II: EURO (€) \_\_\_\_\_**

By signing this form I authorize EVENT MAKERS Ltd. to debit the above credit card and settle my account to the **MED 09 Conference** for the services ordered.

**Date:** \_\_\_\_\_ **Signature:** \_\_\_\_\_

**(Please do not type your name. Original signature is required.)**

EVENT MAKERS Ltd. shall act as a mediator only and cannot be held responsible for any loss incurred or any damage inflicted on persons or objectives irrespective of whatsoever cause. Only written agreements shall be valid.