	Hotel Registration Form "IEEE ISPPIT 2013"	
	December 12th, 2013 till Saturday	
Please ensure	the Hotel Registration Form is fa DIVANI PALACE ACROPO	
	19-25, Parthenonos str.	
	117 42, Athens, Greece	
	Fax: 0030 210 921 4993 Tel.: 0030 210 928 0100	)
E	E-mail: reservations@divaniacrop	<u>polis.gr</u>
	rder to secure space, registratio	resent form with your Credit Card number In forms should be sent to our reservations
Family Name:	<b>F</b> i	irst Name:
Tel:	Fax:	
E-mail:		
A special room rate has been negotiat the Hotel directly and refer to their pa		shing to make a reservation should contact <b>2013</b> "
Room rates are inclusive of Americ Single Room : € 80, Double Room : € 90,	an Buffet Breakfast, services a	and current taxes.
Room type required: Single occup	ancy D	Double occupancy
Arrival Date:	Departure Date:	Total: nights
Arrival time at Athens Airport:	·····	
By signing this form you kindly sta card as per terms and conditions in		thorization for us to charge your credit
Credit Card Type:	Number:	Expiring Date:
Cardholder's Name:		
Signature:	Date:	
NON-SHOW: In case of non-show	one (1) night cancellation fees v	vill apply.
Please send this booking form befor After this date, the reservation can o		lity.
After your request, the hotel will sen office to be sure that we received you	dana a confirmention If der	n't receive it please advise the reservation
		i receive ii, picuse auvise ine reservation