

1st IAPR Workshop on Cognitive Information Processing June 9-10, 2008, Santorini, Greece

AX TO: +3	0 261	0 991	945		ACCOMMODATION FORM				Deadline: June 2, 2008
Title: ☐ Prof	□ Dr	□ Mr	□ Ms		First Name:		Last/Family N	Name:	Middle Initial:
Company/Instit	ution:								
Address:									
Province/State:			Co	untry:	ntry: Zip/Postal Code:				
E-mail:									
Tel: +	()		Fax: +		()		
Country cod		rea Code	· · ·	Number		Country code	Area Code	Nu	ımber
Name of Accom ☐Mr. ☐Mrs		Person(s Name:), if any:			Last/Family	Name:		
_		OMMODA	_	utlined or	n the CIP 2008 website	e			
Total	Hotel	Name			Room Type		Dates	Corres	ponding 1 night deposit
					Single	In		a.1 Nigh	nt Stay
					Double	Out			e Stay
					Triple	A total of	() Nights	D. WITO	c oldy
				□ (Age	Paying child(ren)	ying child(ren) ful			k transfer you must pay the unt for your stay adding 20€ inistration fee
CANCELLATIO	d and acc	epted the		• 21 days	uncellations s in advance: no cancellation				
form and on the Signature:	e CIP 200	8 web sit	te.	• 6 to 1 d	 21 to 7 days in advance: one night cancellation fee 6 to 1 days in advance: 50% of all-nights stay cancellation fee non shows: 100% of all-nights stay cancellation fee 				
METHOD OF PA	AYMENT	(Tick ON	E)						add €20 to your payment. To
					on the fee. Amount must the email address giver				do not forget to fax a copy or ransaction to +30 2610 99194
☐ By Credit C I authorize yo					SA amount of Euro	f or my acc	commodation, excur	sions.	
Card Number	:						Exp	iration Dat	te:
Cardholder's I	Name (If to	he registra	nnt is not th	e card holde	er, please fax also a copy	of both sides	of the credit card):		
	•		igits of the n	umber that o	can be found on the back sid	de of your credit	card):	5.	
<u>Cardholder's</u>	Signature	<u>::</u>		CID 200		DI-		Date:	

CIP 2008 Travel Arrangements Desk

c/o MeetingPlanner.gr Ypapantis Str., K. Kastritsi GR – 26504, Rio, Achaia, Greece

Tel: +30-2610-992025 Fax: +30-2610-991945 URL: www.meetingplanner.gr e-mail: cip08@meetingplanner.gr