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

FAX TO: +30 2610 991 945

ACCOMMODATION FORM

Deadline: **June 2, 2008**

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 CIP 2008 website

Hotel Name	Room Type	Dates	Corresponding 1 night deposit
	☐ Single ☐ Double ☐ Triple ☐ Paying child(ren) (Ages: …… …… ……)	In _____ Out _____ A total of ( ) Nights	**a.**1 Night Stay _____ **b.** Whole Stay _____ _____ **For bank transfer you must pay the full amount for your stay adding 20€ for administration fee**

CANCELLATION POLICIES

☐ **I have read and accepted the cancellation terms mentioned on this form and on the CIP 2008 web site.**
Signature:……
Date:……

Hotel Cancellations	
• 21 days in advance: no cancellation fee • 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 PAYMENT (Tick ONE)

☐ **By Bank Transfer** (A **€20 surcharge** must be added on the fee. 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:*Make sure you add €20 to your payment. To complete payment 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---------- f**or my accommodation, excursions.*

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

Cardholder's Name ***(If 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:

CIP 2008 **Travel Arrangements Desk**
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