Αρχή φόρμας

|  |
| --- |
| **ACCOMMODATION FORM** |
| **11th PEFNI Annual Congress – 2nd EAHP Synergy Certification Course** |
| Surname: | \* | Name: | \* |
| Institution:  | \* |
| Address: | \* | Postcode/City/Country: | \* |
| E-mail: | \* | Contact phone: | \* |
| Mobile phone: | \* |  |  |
| \*Required fields! |

|  |
| --- |
|  |
| **ACCOMMODATION** - All prices are in EUR, quoted per night/per room, including breakfast, VAT and City tax |

|  |  |  |  |
| --- | --- | --- | --- |
| HOTEL\*\*\*\* | Single Room  | Double Room  |  |
|  | 120 EUR  | 140 EUR  |  |
|  |  |  |  |
|  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Arrival Date: |  | Departure Date: |  | No. of nights: |  |
| I want to share room with: |  |  |  |  |

|  |
| --- |
|  |
| **PAYMENT INFORMATION** |
|  Personal |
|  Institution or sponsor |
| Institution name or personal name |  | VAT |  |
| Address/City/Country |  | E-mail |  |

|  |
| --- |
| **IMPORTANT!** Accommodation must be paid in EUR for FOREIGN PARTICIPANTS by BANK TRANSFER.The bank details will be sent to a participant within 3 working days after the submission of the registration form. |
| **Deadline for accommodation acceptance is June 1, 2020.**\*I agree with the terms of participation to the Congress    |

**Please send the completed form to:**

 **refstathiou@gmail.com**  or **despina.makridaki@yahoo.gr**

Τέλος φόρμας