Αρχή φόρμας

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| **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! | | | |

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

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| HOTEL\*\*\*\* | Single Room | Double Room |  |
|  | 120 EUR | 140 EUR |  |
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| --- | --- | --- | --- | --- | --- |
| Arrival Date: |  | Departure Date: |  | No. of nights: |  |
| I want to share room with: |  | |  |  |  |

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

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| **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