

ACCOMMODATION & TOURS BOOKING FORM

ESSOP , SPETSES , 25th - 28th SEPTEMBER 2002

Please complete and return to: **IPPOCAMPOS SA**, (www.Ippocampos.com) 49 M.Botsari str 117 42Athens, Greece. Tel: (3010) 9002600 Fax: 9002629 email: apapareskou@ippocampos.com

SURNAME.....FIRST NAME..(Mr Mrs, Miss).....

ADDRESS.....

ZIP CODE COUNTRY.....

TEL.....FAX.....e-mail.....

Hotel..... From (arrival)..... To (departure).....

Type of Room.....total No of Nights.....No of adults.....

HOTEL RATES IN EURO PER ROOM PER DAY (Services & Taxes included)

	SINGLE	DOUBLE	TRIPLE	4 BEDDED	APARTMEN T 4 PAX	MAISONETTE 4-6 PAX
HOTEL A' CAT incl. Buffet Breakfast	69	79	99	-----	-----	-----
HOTEL B' CAT incl. Breakfast	44	55	-----	-----	-----	-----
STUDIOS/APARTMENTS A CAT		38-55	57-75	-----	80	90

If none of your preferences are available alternative accommodation will be booked on your behalf

Please indicate your price range

Minimum per person per night €	Maximum per person per night €
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GUIDED TOUR TO ARGOLIS 29TH SEPTEMBER

Subject to minimum participation. Per person €65 INCLUDING LUNCH	No of persons: <input style="width: 50px;" type="text"/>
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TERMS OF PAYMENT

- 1.- Two nights deposit is due by June 10th, 2002. Full payment by 30th August 2002
- 2.- Cancellation Policy - Cancellation received until 30th August carries a 50% cancellation fee.
No refunds after this date.

CREDIT CARD PAYMENT

Important : Your credit card number is required to secure the rooms

To be completed only by participants wishing to pay by Credit Card.

<input type="checkbox"/> DINERS	<input type="checkbox"/> MASTER/EUROCARD	<input type="checkbox"/> VISA	<input type="checkbox"/> AMERICAN EXPRESS
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NUMBER.ON CARD.....EXPIRY DATE.....

Holders of AMERICAN EXPRESS only, cite also the CID No of Card.....

AMOUNT TO BE CHARGED \$.....

DATE.....CARDMEMBER SIGNATURE.....