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# **RESERVATION FORM**

**The 8th International Wireless Communications and Computing Conference**

**(IWCMC 2012)**

**27th – 31st August 2012**

|  |  |  |
| --- | --- | --- |
| Title: | First Name: | Last Name: |
| Address: |
| Tel: | Fax: | E-mail: |
| **Room Type Preference:**SingleDoubleFull name of guest sharing Twin Room: ……………………………………………………………………………………………€ ……………..(room rate) **X** ……………..(days of stay) = **€………………….** |
| **Rates:**Rates quoted are in EURO, per room per night and are inclusive of buffet breakfast and all taxes. Payment to be made directly to the hotel. **-** **Single Room Bed & Breakfast : €140.00 per room per day** **- Double Room Bed & Breakfast: €170.00 per room per day** |
| **Cancellation Policy:**The hotel reserves the right to charge 100% of the room rate of a confirmed booking in case of cancellation less than 7 days before arrival or for **No Show**. |
| **Credit Card Details:**  |
|  Credit Card Holder’s Name Credit Card Type and Number Expiry Date---------------------------------------------------- ------------------------------------------------------ ------------------------- |
| **Flight Details:** |
| Flight No: | Arrival Date: | Departure Date: | Airport: |
| Date | Time | Date | Time |
| **FOR HOTEL USE:**  Hotel Stamp & Confirmation Signature of Approval …………..………………. Date ………………..  |

Kindly fill up this form and e-mail it to Mr. Aristos Kotsonis on aristos.k@grandresort.com.cy

or fax it to +357-25636945 - Tel. no. +357-25634333 - Website [www.grandresort.com.cy](http://www.grandresort.com.cy)