

Reservation Form– Conference “11th Organization Studies Workshop” 19-21 May 2016

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| Name:…………………………………………………Surname:……………………………………………………………...  No. of adults:…………………..No. of children: ………………………...Ages:……………...........................  Arrival Date:……………… Departure Date:………….. No. of rooms:..……Room type:……..  Address:…………………………………………………………………………………………………………….................  Tel:……………………………………………………….Cell:…………………………………………………….................  Fax:………………………................................................Email:…………………………………..................   |  |  |  | | --- | --- | --- | | **ROOM TYPE** | **ROOM DESCRIPTION** | **DAILY RATE** | | **A** | SINGLE STANDARD ROOM R.O.H | 140 euro on Half board | | **B** | DOUBLE STANDARD ROOM R.O.H | 170 euro on Half board | | **C** | SINGLE SEA VIEW ROOM R.O.H | 180 euro on Half board | | **D** | DOUBLE SEA VIEW ROOM R.O.H | 210 euro on Half board |   Non-smoking room: Yes No  Transfer upon arrival/departure: Yes No  Arrival time:............ Departure Time:…………Boat/Flight number:..............................  Do you wish to make your stay more convenient: hire a car at a special rate? Yes No  Credit card: AMEX / VISA / MASTER  Credit card holder:………………………………………………………………………………………………….  Credit card No:……………………………………………………………………………………………………...  Exp. date:…………………………………………….. CVV:………………………………………………………  Authorization:  FULL NAME:……………………………………………………………………………………………………….  SIGNATURE:……………………………………………………………Date:……………………………………  **Cancellation Policy**  For cancellations up to the March 15th 2016, no cancellation fees.  For cancellation between 16th March until 15th April, 50% of the total cost will be charged to your card.  In any other case or in case of non-show 100% cancellation fees.  Please send back filled & signed at fax number: 0030 22890 28751  SAINT JOHN HOTEL VILLAS & SPA - MYKONOS  AGHIOS IOANNIS BEACH, P.O. BOX 626, 84600, GREECE  TEL:+30 22890 28752, FAX:+30 22890 28751  reservations@saintjohn.gr, www.saintjohn.gr |