

Accommodation Form

Receipt Date:

Registration No:

(To be completed by the PCO)

Please fill in this form in CAPITAL LETTERS and tick where appropriate. This form is for one congress delegate and his/her accompanying person(s) only. For additional delegates, please have this form photocopied. You are kindly requested to send it by fax or e-mail to the Professional Congress Organiser (PCO), **AC&C International S.A.**, Tel.: +30 210 6889130, Fax.: +30 210 6844 777, e-mail (Accommodation's Department): Febs-iubmbhosp@acnc.gr.

You may book your accommodation on line at: <http://www.febs-iubmb-2008.org>

I. DELEGATE' S DETAILS

Family name:		
First name:		
Title (Dr, Mr, Mrs, Ms, other):	Male <input type="checkbox"/>	Female <input type="checkbox"/>
Street & Nr:		
City/Town:	Post/Zip code:	Country:
Tel. (please include country code):		Fax:
Mobile:	E-mail:	
Please indicate postal address details: home <input type="checkbox"/> or work <input type="checkbox"/>		

Special requests:

Position – Title *(please type as in the example)*

Example

Assistant Dean for Clinical Affairs and Professor
Complete Denture and Biomaterials Departments
School of Dentistry
University of Michigan, Ann Arbor, MI, U.S.A.

II. ACCOMPANYING PERSONS' DETAILS

Family name:				
First name:				
Male <input type="checkbox"/>	Female <input type="checkbox"/>	Adult <input type="checkbox"/>	Child* <input type="checkbox"/>	* Year of Birth:
Family name:				
First name:				
Male <input type="checkbox"/>	Female <input type="checkbox"/>	Adult <input type="checkbox"/>	Child* <input type="checkbox"/>	* Year of Birth:
Family name:				
First name:				
Male <input type="checkbox"/>	Female <input type="checkbox"/>	Adult <input type="checkbox"/>	Minor* <input type="checkbox"/>	* Year of Birth:

III. ACCOMMODATION & TRAVEL INFORMATION

Reservation Procedure

- Please select the type of room you prefer and fill in the required information.
- The duly completed Accommodation Form should be forwarded to the Professional Congress Organiser (PCO) as described above.
- **All bookings for rooms require payment of one night's rate as a deposit.**
- An informative letter confirming your hotel booking status with the balance due (**to be paid on June 6th, 2008**) will be sent to you by e-mail within five (5) days after having received both your accommodation booking and your deposit. Should you not receive such an informative letter, please contact the Professional Congress Organiser (Attn. Hospitality Department).
- The PCO will charge your credit card with the balance due on June 6th, 2008 without further notice.
- Within five (5) days after having received the remaining amount for accommodation, the PCO will send you the hotel voucher.
- All hotel bookings are considered valid **only** upon full payment of the room and receipt of the hotel voucher.
- The PCO reserves the right, upon delegate's agreement, to transfer the room reservation to a hotel other than the one initially selected in case there are no available rooms.

Accommodation Details

Please select from the list below (hotel and room type):

HOTEL	HOTEL CLASS	DISTANCE FROM CONGRESS VENUE	CLOSEST PUBLIC TRANSPORTATION MEANS' STATION TO THE HOTEL	ROOM TYPE & RATE (per room/night) in Euros	
				SINGLE	DOUBLE
President	4*	1,5km	Metro Station Panormou (500m)	100 € <input type="checkbox"/>	110 € <input type="checkbox"/>
Ilissos	3*	4,5km	Metro Station "Syggrou – Fix" (500m)	104 € <input type="checkbox"/>	118 € <input type="checkbox"/>
Athens Mirabello	3*	3,5km	Metro Station "Omonoia" (100m)	75 € <input type="checkbox"/>	95 € <input type="checkbox"/>
Best Western Museum	3*	3,5km	Bus Station (200m) to Metro Station "Omonoia"	75 € <input type="checkbox"/>	95 € <input type="checkbox"/>
Golden City	3*	3,5km	Metro Station "Metaxourgio" (500m)	70 € <input type="checkbox"/>	85 € <input type="checkbox"/>
Crystal City	3*	4km	Metro Station "Metaxourgio" (50m)	70 € <input type="checkbox"/>	85 € <input type="checkbox"/>
Best Western Pythagorion	3*	4km	Metro Station "Omonoia" (100m)	65 € <input type="checkbox"/>	90 € <input type="checkbox"/>
Best Western Zinon	3*	3,5km	Metro Station "Metaxourgio" (400m)	64 € <input type="checkbox"/>	86 € <input type="checkbox"/>

Minimum stay for all hotels: 4 nights (for the period between June 28th and July 3rd 2008)

The abovementioned prices are in Euros (per room/night) and include:

- Accommodation ● Buffet Breakfast ● VAT

- One weekly free pass to the public means of transportation/ per resident

♿ Note: A number of rooms have been arranged for individuals with physical disabilities. Please contact the Hospitality Department at Febs-iubmbhosp@acnc.gr for suggestions on accommodation options that meet your needs.

Check-in Date/...../2008

Check-out Date/...../2008

Total stay: nights

Total cost: €

Deposit: € (one night's rate)

Booking Policy for Hotels in Greece

Standard Check-in Time: 14:00 hrs

Standard Check-out Time: 12:00 hrs

In case you would like to check-in earlier and/or check-out later than the standard hours, please take into account that you may do so upon request and depending on room availability. Please bear in mind that you may be charged extra based on the actual time of check-out.

IV. TRAVEL INSURANCE

AC&C International S.A., in cooperation with **AIG Greece SA** (American International Group), has arranged a Travel Insurance Program for all **FEBS Participants** (aged 3-70 years old), which covers them from the time of departure from their country, during their trip and until the time of their return to their country.

At a rate of **15 € per person**, participants may benefit from the **INSURANCE** for a period of **ten (10) days (June 26th - July 5th, 2008)**.

Insurance Benefits

➤ **ACCIDENTAL DEATH:** 25,000.00

If the Insured suffers loss of life due to accident, within 180 days from the date of the accident, the Company will pay to the Legal Beneficiaries the above amount.

➤ **PERMANENT TOTAL/PARTIAL DISABILITY DUE TO ACCIDENT:** 25,000.00

➤ **MEDICAL EXPENSES DUE TO ACCIDENT IN/OUT OF HOSPITAL:** UP TO 1,500.00

The Company will reimburse the costs incurred due to accident, in or out of hospital, based on the original invoices, up to the specified limit.

➤ **EMERGENCY EVACUATION:** UP TO 4,500.00

The Company will pay the costs, up to the specified limit, should emergency evacuation prove necessary due to severe injury or sickness which occurs for the first time during the trip. The Company will cover immediate transportation to the nearest Hospital, Clinic or Medical Centre, as well as Hospitalization and Medical services and expenses including all relevant costs necessary for Medical Evacuation and transportation costs to place of residence.

➤ **REPATRIATION OF REMAINS:** UP TO 4,500.00

In case of death of the Insured due to Accident or Sickness which occurs for the first time during the trip, the Company will pay the actual amounts required for the repatriation of remains to the Insured's country of residence, up to the above amount.

➤ **EMERGENCY FAMILY TRAVEL:** 4,500.00

➤ **LIMIT FOR HOTEL ACCOMMODATION FOR CONVALESCENCE:** UP TO, PER DAY -235, 00

In case of the insured being hospitalized for more than 5 days, the Company will pay the cost of a round trip, economy class air fare to bring a person chosen by the insured to be at his bedside, as well as hotel accommodation for the insured's convalescence, up to the above amount.

➤ **TRIP CANCELLATION:** 500,00

If prior to date of departure, the trip is cancelled due to Death, Sickness or serious Injury of the Insured, or of his travelling companion or of an immediate family member (up to 2nd degree of relationship), the Company will reimburse the Insured for the non-recoverable, paid in advance expenses for accommodation and/or travel, up to the above amount.

➤ **BAGGAGE DELAY FOR MORE THAN 4 HOURS:** UP TO 500,00

➤ **PERSONAL LIABILITY:** UP TO 15,0000

➤ **AIG ASSIST WORLDWIDE ASSISTANCE SERVICE:**

24 hours/day, 365 days per year immediate response/assistance worldwide via toll-free numbers, for all insured persons. AIG local staff will assist with all requirements regarding cover provided under this policy i.e. General Information, Technical, Medical, Medical Assistance and Medical Transport. AIG Assist will guarantee and where required, pay such amounts to Hospitals, Doctors, Transport Companies etc., on behalf of the insured.

Please fill in the following details (UPPER CASE) and tick where appropriate:

PERSON(S) TO BE COVERED BY THE TRAVEL INSURANCE PROGRAM*:

Family name:
First name:
Nationality:
Male <input type="checkbox"/> Female <input type="checkbox"/> Adult <input type="checkbox"/> Minor <input type="checkbox"/> Cost: 15 €
Family name:
First name:
Nationality:
Male <input type="checkbox"/> Female <input type="checkbox"/> Adult <input type="checkbox"/> Minor <input type="checkbox"/> Cost: 15 €
Family name:
First name:
Nationality:
Male <input type="checkbox"/> Female <input type="checkbox"/> Adult <input type="checkbox"/> Minor <input type="checkbox"/> Cost: 15 €
Family name:
First name:
Nationality:
Male <input type="checkbox"/> Female <input type="checkbox"/> Adult <input type="checkbox"/> Minor <input type="checkbox"/> Cost: 15 €

Total Cost: €

** Should you wish to cover more than four (4) persons, please contact the PCO.*

You will receive confirmation as well as the relevant Insurance Certificate and directions on how to access your insurance services after the payment has been received.

V. PAYMENT DETAILS

You can pay the accommodation and/or transportation fees by credit card. Please fill in the following fields and tick where appropriate:

Payment by credit card: Visa MasterCard Diners Amex (Not accepted for online registrations)

Credit card number:

Card expiry date: _____

Cardholder's name (displayed on the card): _____

Cardholder's telephone number (please include country code): _____

Issued by (name of the bank): _____

3- digit code as displayed at the back side of the card:

I hereby authorize the Professional Congress Organiser (PCO), AC&C International S.A. to debit this card with the total amount of€ and any subsequent changes (cancellation, modification fee, non-show) to the services booked for Mr/Mrs **Moreover, I authorize AC&C International S.A. to debit / credit this card with the balance due on June 6th, 2008.**

Cardholder's Signature: _____ (Please do not type - Original signature required.)

VI. BILLING DETAILS

Please tick one of the following billing options: * Receipt Invoice

In case of **invoice** please fill in the following details:

Individual's name / Company's name :

Profession / Field of activity:

Address: Zip code: City: Country:

Tel. (please include country code):

Fax: E-mail:

Tax Registration No.: Local Tax Authority-DOY (Greek delegates/companies only):

** A receipt will be issued in case you do not choose one of the options.*

VII. CANCELLATION & SUBSTITUTION POLICY

- Written cancellations received prior to February 29th, 2008 will receive full refund minus € 50 administrative fee.
- Written cancellations received between March 1st, 2008 and April 30th, 2008 will be charged with one (1) nights' stay.
- There is no refund for cancellations received after May 1st, 2008.
- Substitutions regarding accommodation will be accepted until May 30th, 2008 at a € 50 administrative fee. In this case, a new accommodation form duly filled in, is required and must be sent to the PCO.
- No substitutions will be accepted after June 1st, 2008.
- All refunds will be processed one (1) month following the conclusion of the Congress.

** The above cancellation fees apply to individual bookings only.*

Data given in this form will not be disclosed to any third parties who are not directly involved in the organisation of the Congress, nor will it be publicized in any other way.

I hereby confirm that I have read and understood the reservation terms as well as the cancellation and substitution policy, which I accept without any reservations.

Date:

Signature:

(Please do not type - Original signature required.)

AC&C International S.A. – Professional Congress Organiser (PCO)

1A Pierias St., 14451 Athens, Greece ■ Tel.: +30 210 6889 130 ■ Fax.: +30 210 6844 777 ■ www.acnc.gr

■ Congress website: www.febs-iubmb-2008.org ■ Congress e-mail: Febs-iubmbhosp@acnc.gr