

**ACCOMMODATION FORM**

*please send this form to MikaTravel*

For further information regarding your accommodation please contact: Mrs Eva Gouvianaki MikaTravel - **e mail:**  congress@mikatravel.eu **Tel.**: + 30 2810223356

|  |
| --- |
| Mr /Mrs Last Name/First Name:  |
| Tel.:  | Mobile:  |
| e-mail:  |
| Accompanying person:MrMrsName: |

 **GRECIAN CASTLE** suggested hotel

|  |
| --- |
|  **Price per day Price includes** |
| Single room **82 €**Double room  **95 €** Bed & Breakfast |
|   Overnights from \_\_\_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_ Total overnights \_\_\_\_\_\_\_\_\_\_\_  |
|   **TOTAL** for accommodation **or DEPOSIT ------------------** €For confirmation a deposit of minimum 1 night is necessary  |

**METHOD OF PAYMENT**

**By Bank transfer to the order of DIMITRA MYKONIATI – MIKA TRAVEL**

(please enclose a copy of the bank transfer. Please state your name and Congress title on the bank transfer)

**EUROBANK ERGASIAS**

IBAN:**GR4902600200000110201259910**

BIC: **ERBKGRAAXXX**

Account Name : Dimitra Mykoniati (Mika Travel)

**If you wish to pay by credit card, please contact us.**