

ACCOMMODATION FORM EUROCRYPT 2008

Title (Mr. / Mrs. / Miss.)	3	
Surname	:	
Name	:	
Position / Department	:	
Organization / Company	:	
Adress / Postal Code	ı	
City	:	
Country	:	
Email	i	
Phone	9	
Cell Phone	1	
Fax	:	



Ac	commodation Alternatives	Accommodation Fee / per night
	Hilton Hotel - Conference Venue - Single Room / BB / 5 Star	230 Euro
	Hilton Hotel - Conference Venue - Double Room / BB / 5 Star	265 Euro
	ONLY 10 ROOMS IS AVAILABLE FOR YOUR RESERVATION	N!
	I need room(s) with Bosphorus view and agree to pay the s Mentioned room prices for Istanbul Hilton Hotel are for rooms with Bosphorus view supplement is 50 Euros per room/per night.	
	Mid Town Hotel	FULLY BOOKED
	Konak Hotel	FULLY BOOKED
	Seminal Hotel	FULLY BOOKED
	Cartoon Hotel	FULLY BOOKED
Pleas	se fill in the blanks for the calculation of your room rese	ervation ;
	C / IN : / 04 / 2008 C / OU	T: / 04 / 2008
	(Number of nights) X (Room type) X	Euros.(Room price) - =
Acco	mpanying Person	λ.
Nam	e / Surname :	
Roor	n Sharing I will share my double room reservation with anoth	per congress participant.
Nam	e / Surname :	



Important Notes :

- All hotel accommodation fees are for 1 night stay.
- Room allocations are on first come first served basis.
- Hotel accommodation fees are including breakfast and V.A.T.
 Please contact **DEKON Congress & Tourism**; organisation secreteriat of EUROCRYPT 2008 for your hotel accommodation requests exceeding the congress period (13 – 18 April, 2008)

Airport - Hotel - Airport Transportation

Please provide my transportation according to my flight schedule detailed as in below :

	One way transfer (30 Euros per person)		Round trip transfer (60 Euros per person)		
Arrival Date : Arrival Time : Airlines and Flight Number :		Departure Date : Departure Time : Airlines and Flight Number :			
Paym	ent Total				
	Credit Card Credit Card Number	: /	7	,	
	Expiry Date	: /			
	CW Number	: (the las	t 3 numbers at the back side of yo	ur credit card.)	
		OCRYPT 2008, Organisa count for the amount o	ation Secretariat (DEKON C	ongress & Tourism) to	
	Signature & Date :				
	Bank Transfer				
	Account Holder Name Bank Name Branch Name Branch Code Bank Account Number Swift Code IBAN Number	: T. Garanti Bank : Esentepe : 347			



Information on Payments and Confirmation Process;

- This application form is needed to be sent by fax to **DEKON Congress & Tourism** (+90 212 347 63 63)
- · Payments may either be done by credit cards or by bank transfer.
- Please send your bank transfer receipt to **DEKON Congress & Tourism** by fax (+90-212-347 63 63) or by e-mail (dekon@dekon.com.tr / mugearbak@dekon.com.tr) All wire transfers should indicate the following information: "Name of sender, Date of wire transfer, Amount of wire transfer & Explanation."
- Hotel accommodation reservations will not be confirmed until the hotel accommodation fee and room
 reservation form have been received by DEKON Congress & Tourism.
- Confirmation mail will be sent as soon as the payment is completed and accommodation reservation is done.

Hotel Accommodation Cancellation Policies;

- There will be no refund for the cancellations of hotel accommodation after February 1, 2008.
- Notification of changes in reservation and/or cancellations must be made in writing by e-mail or fax to DEKON Congress & Tourism.
- Refunds will be issued after the Congress and bank charges will be deducted from the refund.

I agree with cancellation policies.

PLEASE DO NOT HESITATE TO CONTACT WITH **DEKON Congress & Tourism** FOR FURTHER ASSISTANCE AND FOR YOUR SPEACIAL REQUESTS ON YOUR ROOM RESERVATIONS.

CONTACT

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DEKON Congress & Tourism

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Istanbul - Turkey

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Web Page : http://www.dekon.com.tr