

ACCOMMODATION FORM EUROCRYPT 2008

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



		.
	Hilton Hotel - Conference Venue - Single Room / BB / 5 Star	230 Euro
	Hilton Hotel - Conference Venue - Double Room / BB / 5 Star	265 Euro
	I need room(s) with Bosphorus view and agree to pay the supplement. Mentioned room prices for Istanbul Hilton Hotel are for rooms with garden view. Bosphorus view Euros per room/per night.	<i>i</i> supplement is 50
	Konak Hotel - Single Room / BB / 4 Star	130 Euro
	Konak Hotel - Double Room / BB / 4 Star	150 Euro
	Mid Town Hotel - Single Room / BB / 4 Star	130 Euro
	Mid Town Hotel - Double Room / BB / 4 Star	150 Euro
	Seminal Hotel - Single Room / BB / 4 Star	85 Euro
	Seminal Hotel - Double Room / BB / 4 Star	100 Euro
	Cartoon Hotel - Single Room / BB / 4 Star	75 Euro
	Cartoon Hotel - Double Room / BB / 4 Star	85 Euro
Please	e fill in the blanks for the calculation of your room reservation;	
	C / IN : / 04 / 2008	
	(Number of nights) X (Room type) X Euros.(Room price) - =	
Accon	npanying Person	
Name	/ Surname :	
Room	Sharing I will share my double room reservation with another congress participant .	
Name	/ 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	e proviae my trans	portation according to my flight	t scneau	iie ae	etalled a	s in below ;	
	One way transfer (30 Euros per person)		Round trip transfer (60 Euros per pe			ıros per person)	
Arrival	Date	:	Departu	re Da	ate	:	
Arrival	Time	:	Departu	ire Ti	me	:	
Airlines	and Flight Number	:	Airlines	and I	Flight Nur	mber:	

Allillics	and riight Number.	Allillies and Flight Number.	
Paym	ent Total	:	
	Credit Card Credit Card Number	://	
	Expiry Date	:/	
	CVV Number	: (the last 3 numbers at the back side of your credit card.)	
	I hereby authorize EUROCRYPT 2008, Organisation Secretariat (DEKON Congress & Tourism) to debit this credit card account for the amount of EURO		

Signature & Date:

☐ Bank Transfer

Account Holder Name : **DEKON Congress & Tourism**

Bank Name : T. Garanti Bank Branch Name : Esentepe

Branch Code : 347

Bank Account Number : 9093914 EUR Swift Code : TGBATRISXXX

IBAN Number : TR10 0006 2000 3470 0009 0939 14



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
	i agree with cancellation	policios

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

CONTACT

DEKON Congress & Tourism

Yıldız Posta Cad. No:17/4 34394 Esentepe

Istanbul - Turkey

e-mail : dekon@dekon.com.tr; mugearbak@dekon.com.tr;

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