



HOTEL REGISTRATION FORM

Advances in the Management of Chronic Venous Disorders and Update of Guidelines

11-12 March 2017

BOOKING DETAILS:

Arrival Date: _____ Departure Date: _____

Please specify the type of room you require:

Single room on Bed & Breakfast €105.00 per room per day

Double room on Bed & Breakfast €125.00 per room per day (shared with) _____

The rates apply for any extra nights booked

TAXI TRANSFER:

Arrival Flight №: _____ Arrival time: _____

YES / NO (*Price €25.00 per taxi per way. Can be shared between 4 persons if arrival or departure time is the same*)

PERSONAL DETAILS:

Title (Dr, Mr, Ms): _____

First Name: _____

Surname: _____

Association: _____

Address: _____

City: _____ Post Code: _____ Country: _____

Telephone: _____ Fax: _____

E-mail: _____

PAYMENT DETAILS :

Card Type: Visa/ Amex / Diners / Master / Other: _____

Card Number: _____

Expire: _____

Name on Card: _____

Please return the completed and signed form to **THE GOLDEN BAY BEACH HOTEL**, **before the 11th February 2017**, by e-mail: reservations@goldenbay.com.cy , or fax: + 357 24 645451.

Please Note:

- **All "No-Shows" will be charged to your credit card for all room nights booked.**
- **The Hotel cancellation policy is 24hrs before arrival, otherwise the client will be charged for one night accommodation.**

Date: _____ Signature: _____