

**1ST INTERNATIONAL SYMPOSIUM
ON
TRANSPARENT CONDUCTING OXIDES
23 – 25 October 2006**

Hotel Reservation Form

This form should be submitted (**by 15 August 2006**) either by email or by Fax
to: MITOS S.A., TCO 2006 Official Organisers, Science and Technology Park of Crete,
P.O. Box 1447, Voutes, Heraklion, 71110, Crete, Greece,
Fax: +30 2810 391915, URL: www.mitos.com.gr,
e-mail: mitos@stepc.gr

PARTICIPANT

Title:	Ms.	Mr.	Dr.	Prof.
First Name:				
Last Name:				
Company/Institution:				
Address:				
City:			Postal Code:	
Country:			Tel.:	
Fax.:			e-mail:	

HOTEL RESERVATION

Aldemar Knossos Royal Village (5 star) Symposium venue	DOUBLE ROOM FOR SINGLE USE: 95 € <input type="checkbox"/>	TWIN ROOM (TWO PERSONS): 110 € <input type="checkbox"/>	SHARE DOUBLE ROOM PER PERSON: 55 € <input type="checkbox"/>
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Alternative nearby accommodation for students is also available. For requests, please contact Mitos S.A.

I would like to share my room with another participant or: _____

Arrival _____ Departure _____ Number of nights _____

The above rates are per night and include breakfast and dinner. Rooms will only be guaranteed if the reservation is received before the deadline of 15 August 2006. Any reservations after this date will be on request basis only.

PAYMENT BY BANK TRANSFER TO MITOS S.A.

Bank: Piraeus Bank Branch: Science & Technology Park of Crete
Account No. 5751 015 322 326
BIC: PIRBGRAA
IBAN: GR 880172 7510 0057 5101 5322 326
Payment made by Bank Transfer on __/__/__ (Please fax a copy of bank receipt to: + 30 2810 391915)

PAYMENT BY CREDIT CARD

Credit card:	Master Card <input type="checkbox"/>	Visa <input type="checkbox"/>
Name on card:		
Card number:		
Expiration date:		
Last 3 digits on reverse side of credit card:		
Passport number:		

Total amount to be charged to card _____ Signature _____

For confirmation of hotel reservation a deposit for the equivalent of one night hotel room rate should be sent with this form. This amount will only be charged in the case of a non-show.