



The 9th International Symposium on Autonomous Decentralized Systems (ISADS 2009) March 23-25, 2009, Athens, Greece

FAX TO: +30 2610 991 945

ACCOMMODATION FORM

Deadline: March 16, 2009

Title: [] Prof [] Dr [] Mr [] Ms First Name: Last/Family Name: Middle Initial:

Company/Institution:

Address:

Province/State: Country: Zip/Postal Code:

E-mail:

Tel: + () Fax: + () Country code Area Code Number Country code Area Code Number

Name of Accompanying Person(s), if any:

[] Mr. [] Mrs. First Name: Last/Family Name:

[] Mr. [] Mrs. First Name: Last/Family Name:

HOTEL ACCOMMODATION

Please indicate your hotel choice as outlined on the ISADS 2009 website

Table with 4 columns: Hotel Name, Room Type, Dates, Corresponding 1 night deposit. Includes options for Single, Double, Triple, and Paying child, and a note about bank transfers.

CANCELLATION POLICIES

[] I have read and accepted the cancellation terms mentioned on this form and on the ISADS 2009 web site.

Signature: Date:

Hotel Cancellations

- 21 days in advance: no cancellation fee
• 20 to 14 days in advance: one night cancellation fee
• 13 to 7 days in advance: 50% of all-nights stay cancellation fee
• 6 to 1 days in advance: 80% of all-nights stay cancellation fee
• Non-shows: 100% of all nights stay cancellation fee

METHOD OF PAYMENT (Tick ONE)

[] By Bank Transfer (A €20 surcharge must be added on the fee. Amount must be net of bank charges)
A notification email with the bank details will be sent to the email address given in this form.

NB: Make sure you add €20 to your payment. To complete payment do not forget to fax a copy of the bank transfer transaction to +30 2610 991945.

[] By Credit Card. Please circle one: MasterCard / VISA
I authorize you to charge my credit card with the total amount of Euro for my accommodation.

Card Number: Expiration Date:

Cardholder's Name (If the registrant is not the card holder, please fax also a copy of both sides of the credit card):

ID validation number (The last 3 digits of the number that can be found on the back side of your credit card):

Cardholder's Signature: Date:

ISADS 2009 Accommodation Desk

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