



www.pireausforum.net



REGISTRATION FORM – 9th INSULEUR FORUM

Date of visit and flight number

Arrival date:		Flight number:		Time of arrival:	
Departure date:		Flight number:		Time of departure:	

This form is designed for one registrant and one accompanying person. Please photocopy the form as needed for additional registrants. You must complete all information on the registration form.

Registration deadline: 4th of November 2009

Return by fax or e-mail to: Pilgrims Travel Agency

Fax: + 30 210 82 54 732

e-mail: reservation@pilgrims-sports.gr

Coordinates of client registering and participating in the forum


Name		First Name	
Position			
Address		Zip Code	
Country		City	
Phone		Mobile	
Fax		E-mail	

Coordinates of companion (FREE)

Name		First Name	
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Accommodation Form during the Forum*

20 Nov. to 22 Nov. – 3 nights

	Choose a type of accommodation:	Price per room		Nights		Total
 METROPOLITAN ATHENS	<input type="checkbox"/> Single room with breakfast	110,00 €	x		=	
	<input type="checkbox"/> Double room with breakfast	120,00 €	x		=	

Registration Fees

	Amount		No. of Persons		Total in EUROS
Registration Fee	300.00	x	1	=	300.00

Registration fees for all Forum participants include:

20 th November - Transfer: Airport/Hotel	
20 th November - Dinner at the Yacht Club	<input type="checkbox"/>
21 st November - Meal at the Hotel roof garden	<input type="checkbox"/>
21 st November - Official Dinner	<input type="checkbox"/>
21 st November (Only for companion)	<input type="checkbox"/>
Cultural excursion at the Museum of Acropolis with Lunch	<input type="checkbox"/>
22 nd November – 1 Day Cruise (Saronic Islands)	<input type="checkbox"/>
22 nd November – 1 Day Cruise (Saronic Islands) (companion)	<input type="checkbox"/>
22 nd November – Commemorative gifts of congress	

Authorization to debit Credit Card

Please complete this form in capital letters and send back by fax or by mail

I certify (name and first name of card holder):

I authorize Pilgrims Travel Agency LTD. to debit my credit card n°(16 letters) :

//_/_/_/_/_/_/_/_/_/_/_/_/_/_ Card validity: _/_/_ - _/_/_

Please cross: ☐ VISA CARD ☐ EUROCARD ☐ MASTERCARD AMERICAN EXPRESS NOT ACCEPTED

For the total amount of:

Date:/...../2009

Stamp and signature:

Payment by credit transfer

Please indicate on the transfer the name of the participant

BANK DETAILS: NATIONAL BANK OF GREECE

HOLDER: **ILIAS ELTAOUIL (PILGRIMS TRAVEL AGENCY)**

ACCOUNT NUMBER: 15566516900

IBAN NUMBER: GR 13-0110-1550-0000-1556-6516-900

BIC: ETHNGRAA

Cancellation charges: by the 4th November, 75% refund. No refund will be given after that date. Upon receipt of your payment, an invoice will be sent to you by fax or e-mail.

By signing this form, the participant agrees to be bound by the registration rules and conditions.

Remarks

Name First Name

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Date Signature

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