6 Erechtheiou Str. 11742 Athens www.escape2greece.gr



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BOOKING FORM FOR TRAVEL SERVICES IN GREECE, FOR PARTICIPANTS OF Mount Holyoke European Alumnae Symposium October 4 $^{\rm TH}$ - 6 $^{\rm TH}$ 2009

Name/ Surname:		Number of guests:				
Accommodation		Cost per roo	Cost per room		Check out date	
Athens 4 star hotels	incl.					
breakfast		☐ Single fro	n £135*			
☐ Titania Hotel http://www.titania.gr		□ Double from €145*				
*Titania final hotel prices to be confirmed upon reservation based on availability.						
Taxi transfers	Cost per tax	i	Date/Time/ Flight #		Hotel name	
Athens Airport / Hotel	Day	Night (12am-5am)				
☐ 1-3 passengers	€36	€50				
☐ 4-7 passengers	€65	€75				
In case of roundtrip, Other requests / cor		nt on return is ap	oplied.			



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Instructions:

- 1. Please select from the above mentioned services and include all the requested information. Escape to Greece travel agency will inform you of the total cost for your reservation and the cancellation terms.
- 2. Please fill the credit card authorization form on the third page and be sure to sign it.
- 3. Email to info@escape2greece.gr or fax to +30-2117909250. If you email please include "Mount Holyoke Symposium" in the subject line of your email as well as in your message.

Payment terms and cancellation form

Your credit card will be charged for the full amount.

- 1.) Hotels: You will be informed on hotel final prices, cancellation terms and conditions upon reservation.
- 2.) Transfers: No charge (fully refundable) for up to 24 hours advance cancellation, full amount after that

For any further information, additional travel services (car rental, accommodation in other islands, cruises, airline tickets etc.), or clarifications please contact info@escape2greece.gr or call us at +30-211-7902520



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CREDIT CARD CHARGE AUTHORIZATION STATEMENT

ESCAPE TO GREECE TRAVEL, IRREVOCABLE PROMISE OF PAYMENT & CHARGE AUTHORIZATION STATEMENT, SALES ARE FINAL. CANCELLATION TERMS AND CONDITIONS CANCELLATION TERMS AS MENTIONED DURING RESERVATION.

DATE: CLIENTS NAME:				
CARDHOLDERS NAME (if different):				
BILLING ADDRESS:				
TEL. #				
FAX.# er	nail:			
THE UNDERSIGNED AUTHORIZES ESCAL	_			
CREDIT CARD NUMBER:				
WHICH EXPIRES ON: (MONTH/YEAR)				
THE TOTAL AMOUNT IN € Euros				
IN FULL:				
DISCLAIMER: THE CREDIT CARD WILL BE CHAEXCHANGE RATE. ESCAPE TO GREECE CAND CURRENCY FLUCTUATIONS OR BANK CHARGES CARD WILL BE CHARGED BY ESCAPE TO GREECE	NOT BE HELD RESPONSIBLE FOR POSSIBLE THAT MAY OCCUR. I UNDERSTAND THAT MY			
IMPORTANT-NECESSARY CARDHOLDERS SIGNATURE:				

