

**BOOKING FORM FOR TRAVEL SERVICES IN GREECE, FOR PARTICIPANTS OF
Mount Holyoke European Alumnae Symposium
October 4TH - 6TH 2009**

Name/ Surname: _____ Number of guests: _____

<u>Taxi transfers</u>	Cost per taxi		Date/Time/ Flight #	Hotel name
Athens Airport / Hotel	Day	Night (12am-5am)		
<input type="checkbox"/> 1-3 passengers	€36	€50	_____	_____
<input type="checkbox"/> 4-7 passengers	€65	€75	_____	_____
Athens Hotel / Airport	Day	Night (12am-5am)		
<input type="checkbox"/> 1-3 passengers	€36	€50	_____	_____
<input type="checkbox"/> 4-7 passengers	€65	€75	_____	_____

In case of roundtrip a 10% discount on return is applied.

Other requests / comments

Instructions:

1. Please select from the above mentioned services and include all requested information.
2. Please fill the credit card authorization form on the last 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 and your message.

6 Erechtheiou Str.
11742 Athens
www.escape2greece.gr



T: +30 211 7902520
F: +30 211 7909250
info@escape2greece.gr

Payment terms and cancellation policy

Your credit card will be charged for the full amount.

For cancellations, you will be charged as follows:

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 AS MENTIONED AT THE BOOKING FORM.

DATE: _____ CLIENTS NAME: _____

CARDHOLDERS NAME (if different): _____

BILLING ADDRESS: _____

TEL. # _____

FAX. # _____

email: _____

THE UNDERSIGNED AUTHORIZES ESCAPE TO GREECE IN ATHENS GREECE TO
CHARGE MY: VISA MASTERCARD AMERICAN EXPRESS

CREDIT CARD NUMBER: _____

WHICH EXPIRES ON: _____ (MONTH/YEAR)

THE TOTAL AMOUNT IN € Euros

IN FULL:

DISCLAIMER: THE CREDIT CARD WILL BE CHARGED IN EUROS, ACCORDING TO THE DAYS
EXCHANGE RATE. ESCAPE TO GREECE CAN NOT BE HELD RESPONSIBLE FOR POSSIBLE
CURRENCY FLUCTUATIONS OR BANK CHARGES WHICH MAY OCCUR. I UNDERSTAND THAT
MY CARD WILL BE CHARGED BY ESCAPE TO GREECE IN GREECE.

IMPORTANT-NECESSARY

CARDHOLDERS SIGNATURE: _____

