

CCBE Plenary Session Athens, 16 - 19 May 2013



Registration & Payment Form

Participant's				Accomp. Person's Title			ītle :		
Participant's Surna				Accomp. Person's Surname :			me :		
Participant's Name :				Accomp. Person's Name			ime :		
Address / Zip C	ode :								
			C			Cour	ntry:		
Telephone:							Fax :		
E-1	mail :								
Arrival Date :			1	Arr Elial	a+ NI	umbor ⁹ . Timo I			
		\perp	Arr. Flight Number & Time : Dep. Flight Number & Time :						
Departure Date :			Dep. riigi	IL IN	umber & Hille:				
Single Occupancy Roc				Overnights:	x	€ 175.00 per r	niaht	Total of Hotel:	Check appropriate:
Single Occupancy Roo	st	X		x	€ 175.00 per r	niaht			
Double Occupancy Ro		х		x	€ 185.00 per r				
TRANSFER FROM / TO Transfer by private ta of € 40.00 and Nigl Arrival Transfer:	xi from / to A	Athens Airport and	Venu	ie Hotel could l	ccor	nmodate maximu	-	-	<u>00)</u>
Important Notice: In ture transfer, please reco				eed your arrival a	ınd c	leparture date, fligh	nt numbers	and time. For your	depar-
PAYMENT:									
<u>I authorize A</u>	RGO Travel 8	& Tourist Bureau in	Athe	ens, Greece to	chai	rge the following	credit car	d the above selec	cted services.
Type of Card :						Card Number :			
Card Holder Name:						Expiration Date :			
Security Code (CVV):									
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<u>Important Notice:</u> Incomplete information on the form will result in the non-confirmation of the room(s) or transfer(s).