



ACCOMODATION FORM

Name Surname:					
Branch :	Working Place :				
Address :					
Telephone :	Fax :			E-mail :	
Accompanied Person : <input type="checkbox"/> Adult : <input type="checkbox"/> Child (ren) : <input type="checkbox"/> Name, Surname : Age:					
CONGRESS ACCOMODATION FEE					
Hotel		Until 05 February 2007		After 05 February 2007	
Kremlin Palace		Single	Double (Per Person)	Single	Double (Per Person)
		<input type="checkbox"/> 350 Euro	<input type="checkbox"/> 250 Euro	<input type="checkbox"/> 400 Euro	<input type="checkbox"/> 300 Euro

The given prices are package price for 4 nights.
The prices included VAT.
Kremlin Palace Hotel serves as a all inclusive concept.

Check In Date : 04 04/2007 C/in time : 14:00
Check Out Date :08/04/2007 C/Out time : 12:00

Method of Payment

Bank Transfer

* The swift copy must be fax to the organization secretary with accomodation form.

With Credit Card

Credit Card Master Visa

Card Number

Expiry Date

CVC Number (The last 3 digits of the back of the credit card)

I accept to withdraw the total amount from my credit card to ACP Congress and Organizations Inc.

Surname Name Signature

* If payment will be by credit card, you will have to fill the form in an appropriate way and send the credit cards copy front and back copies to the organization secretary.

Please send the accomodation fees to this bank account

ACP KONGRE VE ORGANİZASYON A.Ş
ANADOLU BANK A.Ş
OSMANBEY BRANCH
YTL : 251458 – 01
EURO : 251458 – 04
USD : 251458 – 07

Please note that, accomodations can only be accepted and confirmed upon receipt of the completed hotel accomodation form by fax or land-mailed and full payment to ACP Congress and Organizations Inc.

For your own security please fax us the copy of your credit card which is signed by yourself to the congress organizations secretariat.

The reservations are confirmed after the congress organization secretary will confirm your accomodation form.

This section will be filled by the congress organization secretary.			
Hotel Name :	<input type="checkbox"/> Confirmed	<input type="checkbox"/> No-Confirmed	
Surname :	Name :	Signature :	

Congress Organization Secretary
ACP Congress and Organizations Inc.
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