

**EASTERN MEDITERRANEAN SEMINAR ON GENERAL MEDICINE FOR PHYSICIANS
ROYAL COLLEGE OF PHYSICIANS/ MEDICAL ROYAL COLLEGES ASSOCIATION CYPRUS
LIMASSOL, CYPRUS - 21/22 NOVEMBER 2015**

HOTEL ACCOMMODATION BOOKING FORM

NOTES ON REGISTRATION: This form is designed for one registrant and one accompanying person. Please photocopy the form as needed for additional registrants. The General Medicine Conference does not accept foreign currency. You must complete all information on the registration form. Inaccurate or incomplete information will delay the processing of your confirmation. Please note that this form should be submitted in addition to the Conference Registration Form. Your place for the conference is not guaranteed with submission of this form.

**Please return the completed accommodation booking form to:
Amathus Hotel Reservations, Tel: +35725832000, Fax: + 35725832540, Email: amathus-reservation@amathushotel.com.
To book lunches, the conference gala dinner or any airport transfers, please contact the hotel directly.**

Participant Prof. Dr. Mr. Mrs. Ms.

Surname

First name

E-mail

Accompanying Person Prof. Dr. Mr. Mrs. Ms.

Surname

First name

HOTEL ACCOMMODATION: All rates quoted are in EUROS. Rates given are per room per night, including bed and breakfast buffet, service charges, tax & VAT.

Amathus Beach Hotel, Limassol	Arrival Date	Departure Date	Rate per night	No of Nights	TOTAL
Superior Twin Island View (single occupancy)			€121.50		
Superior Twin Island View (double occupancy)			€130.50		
Superior Twin Sea View (single occupancy)			€139.50		
Superior Twin Sea View (double occupancy)			€171.00		
FOOD & BEVERAGE			Rate per person	No. of persons	TOTAL
GALA DINNER SATURDAY	(PARTNERS ARE INVITED)		€62.00 pp		
BUFFET LUNCH SATURDAY			€28.00		
BUFFET LUNCH SUNDAY			€28.00		

PAYMENT – Please note that your credit card details will only be held to guarantee your hotel booking & meal arrangements on your behalf. Payment should be made directly to the hotel on check out.

Credit Card Visa Master Card American Express

Credit Card No: _____ Exp. Date _____ Security No*: _____
* last 3 digits on back of card

Name of Card Holder: _____ Date: ____/____/____