



RESERVATION FORM

**MOIP 2016 – 5th Mediterranean Orthodontic Congress
10/11-14/11/2016**

Title:	First Name:	Last Name:												
Address:														
Tel:	Fax:	E-mail:												
Full name of guest sharing Twin Room:														
No. of people X €..... X days = €.....														
<p>Cancellation Policy: Rooms can be cancelled up to 24 hours prior to arrival without any charge. The hotel reserves the right to charge 100% of the room rate of a confirmed booking in case of no show or cancellation within the 24 hour period.</p>														
<p>Special Rates: (Rates quoted are in EUROS, per room per night and are inclusive of buffet breakfast and all taxes)</p> <ul style="list-style-type: none"> • Single Room Sea View BB : €95.00 per room per day • Twin Room Sea View BB : €110.00 per room per day 														
<p>Credit Card Details</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 33%;">Credit Card Holder's Name</td> <td style="width: 33%;">Credit Card Type and Number</td> <td style="width: 33%;">Expiry Date</td> </tr> <tr> <td>.....</td> <td>.....</td> <td>.....</td> </tr> </table>			Credit Card Holder's Name	Credit Card Type and Number	Expiry Date						
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<p>Flight Details</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%;">Flight No:</td> <td style="width: 25%;">Arrival Date</td> <td style="width: 25%;">Departure Date</td> <td style="width: 25%;">Airport</td> </tr> <tr> <td></td> <td>Date</td> <td>Time</td> <td>Date</td> </tr> <tr> <td></td> <td></td> <td></td> <td>Time</td> </tr> </table>			Flight No:	Arrival Date	Departure Date	Airport		Date	Time	Date				Time
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	Date	Time	Date											
			Time											
<p>Hotel Stamp & Confirmation Signature of Approval Date.....</p>														

Kindly fill up this form and e-mail it to: reservations@raphael.com.cy
or fax it to +357 25 636394 - Tel. no. +357 25 834200, website www.raphael.com.cy