







## **TRANSFER FORM FOR ICNAAM 2019 THROUGH KAPCO TRAVEL**

PERSONAL DETAILS:						
Title: Mr. Mrs. [	Dr. Prof.					
Surname:	First name:					
Address:	City:					
Country:	Telephone:					
Mobile Ph.:	Email:			Hotel:		
Name of accompanying	g persons:					
1) Title: Mr. Mrs. Dr 2) Title: Mr. Mrs. Dr	= =	Surname: Surname:	First N First N			
If you wish Kapco Tra	evel to arrange	e you transfers plea	ase also fill	up the	below	details
Transfers: ☐Taxi (1-3 pax):	cost 26, 00€	per way/taxi				
Arrival date:						
Airline Company:	Flight number:					
Arrival at Rhodes Interr	national airport	:				
Departure date:						
Airline Company:	Flight	number:				
Departure from Rhodes	International a	airport:				
Payments:						
Through Credit card						
Please charge the trans	fers on my cred	dit card :	YES		NO	
Visa	<b>Master Card</b>					
Credit card number:						
Expiration date:						
CCV number:						
Name of Card Holder:						









## **Through Bank Wire transfer**

Bank: National Bank of Greece, Old Town branch, Museum Square, Old Town, 85100 Rhodes, Greece.

Swift code: ETHNGRAA

Attn.: Kapco Travel Services Ltd.-Kappas Aristovoulos and Co. Ltd

IBAN number: GR18 0110 2970 0000 2974 7009 883

**Details**: Name - Hotel of reservation

## **CANCELLATION POLICY**

In case of cancellation the 70% will be refunded through the credit card.

I have read and understood the terms and conditions as outlined above.

This form will be destroyed after the receival of the payment.

Signature

Date: