



TRANSFER FORM FOR ICNAAM 2016 THROUGH KAPCO TRAVEL

PERSONAL DETAILS:

Title: Mr. Mrs. Dr. Prof.

Surname: _____ First name: _____

Address: _____ City: _____

Country: _____ Telephone: _____

Mobile Ph.: _____ Email: _____ Hotel : _____

Name of accompanying persons:

1) Title: Mr. Mrs. Dr. Prof. Surname: _____ First Name: _____

2) Title: Mr. Mrs. Dr. Prof. Surname: _____ First Name: _____

If you wish Kapco Travel to arrange you transfers please also fill up the below details

Transfers:

Taxi (1-3 pax): cost 26, 00€ per way

Mini Bus (16 seats): ON REQUEST

Arrival date: _____

Airline Company: _____ Flight number: _____

Arrival at Rhodes International airport: _____

Departure date: _____

Airline Company: _____ Flight number: _____

Departure from Rhodes International airport: _____

Payments:

Through Credit card

Please charge the transfers on my credit card : YES NO

Visa Master Card

Credit card number: _____

Expiration date: _____

CCV number: _____

Name of Card Holder: _____

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.

Signature _____

Date: _____