

Hospitality Services Booking Form

Please fill in the Hospitality Services Booking Form in CAPITAL LETTERS and tick where appropriate. This form is for one delegate only and his accompanying person(s). You are kindly requested to send this form by fax or e-mail to the Conference Organisers **Excellence in Conferences Ltd** Tel.: +44 (0) 208 326 5718, Fax. (attn. Hospitality Dept): +44 (0) 203 292 1599, Hospitality Department e-mail: eicmh-hosp@excellence-in-conferences.org

You may also book hospitality services online at: <http://www.excellence-in-child-mentalhealth.org/>

I. DELEGATE'S DETAILS

Surname:

First name:

Title (Dr, Mr, Mrs, Ms, other): Male Female

Position / Department / Organisation:

Example

*Assistant Dean for Clinical Affairs and Professor
Complete Denture and Biomaterials Departments
School of Dentistry
University of Michigan, Ann Arbor, MI, U.S.A.*

Correspondence Address (Street & Nr):

Organisation Home

City/Town: Post Code: Country:

Tel. (please include country code): Fax:

Mobile: E-mail*:

Social media account(s) (URL) : / /

***Kindly notice that this field is mandatory, as all correspondence will be delivered via e-mail.**

II. ACCOMPANYING PERSON'S DETAILS

Surname:

First name:

Male Female Adult Child Year of birth:

III. CONTACT PERSON IN CASE OF EMERGENCY

Surname:

First name:

Mobile: E-mail:

IV. ACCOMMODATION RESERVATION PROCEDURE

- Please select the hotel and room type of your preference and fill in the required information.
- The duly completed Hospitality Services Booking Form should be forwarded to the Conference Organisers **Excellence in Conferences Ltd**, fax (attn. Hospitality Dept.): +44 (0) 203 292 1599, e-mail (Hospitality Department): eicmh-hosp@excellence-in-conferences.org
- **All bookings for rooms require full payment at the moment of booking.** The hotel voucher will be forwarded to you by e-mail within three (3) working days from the day your payment has been received. **All hotel bookings are considered valid only upon full payment of the room and receipt of the hotel voucher.**
- The Conference Organisers reserve the right, upon delegate's agreement, to transfer the room reservation to a hotel other than the one initially selected in case there are no available rooms.

Available Hotels

GRAND HYATT HOTEL Distance from Conference Venue 400m	ROOM RATE (per room/night) in GBP	CHECK-IN DATE	CHECK-OUT DATE	TOTAL COST
Double Room	205.00 £ <input type="checkbox"/>/...../...../...../.....£
Single Room	180.00 £ <input type="checkbox"/>/...../...../...../.....£

POINT HOTEL Distance from Conference Venue 400m	ROOM RATE (per room/night) in GBP	CHECK-IN DATE	CHECK-OUT DATE	TOTAL COST
Double Room	165.00 £ <input type="checkbox"/>/...../...../...../.....£
Single Room	150.00 £ <input type="checkbox"/>/...../...../...../.....£

MIDTOWN HOTEL Distance from Conference Venue 500m	ROOM RATE (per room/night) in GBP	CHECK-IN DATE	CHECK-OUT DATE	TOTAL COST
Double Room	140.00 £ <input type="checkbox"/>/...../...../...../.....£
Single Room	130.00 £ <input type="checkbox"/>/...../...../...../.....£

NIPPON HOTEL Distance from Conference Venue 530m	ROOM RATE (per room/night) in GBP	CHECK-IN DATE	CHECK-OUT DATE	TOTAL COST
Double Room	140.00 £ <input type="checkbox"/>/...../...../...../.....£
Single Room	130.00 £ <input type="checkbox"/>/...../...../...../.....£

Special Requests:	
Special Dietary Requirements:	

The abovementioned prices are in GBP (per room/night) and include:

- Accommodation
- Buffet Breakfast
- VAT

Arrival / Departure Policy for Hotels in Turkey

Standard Check-in Time: 14:00 hrs

Standard Check-out Time: 12:00 hrs

For earlier check-in and/or later check-out, please take into account that you may do so upon request and depending on the room availability at the particular hotel. Please bear in mind that there might be an extra charge based on the time of actual check-in or check-out.

IMPORTANT NOTES:

In case of non arrival(s), the hotel(s) reserve the right to release the room(s) within 24 hrs., without further notice, provided that participant(s) have not informed the Conference Organisers about their late arrival(s). No refunds will be made for non arrival(s).

Late arrival(s) and/or early departure(s) (based on the dates of the confirmed booking), will result in the charge of the total room cost(s) and no refunds will be made.

V. TOURS RESERVATION PROCEDURE

- Please select the tour of your preference and fill in the required information.
- All tours require full payment at the moment of booking. A letter confirming your reservation will be sent to you by e-mail within three (3) working days from the day both the Hospitality Services Booking Form and the payment have been received. Should you not receive this letter in due time, please contact the Conference Organisers
- **Minimum participation of 25 persons is required for all tours.** The Conference Organisers reserves the right to cancel the tour and refund the participants if the minimum number is not reached.
- Pick up & drop off point for all tours will be the Conference Venue – **Istanbul Congress Centre**

TOURS		
<u>Istanbul City Tour (Half Day)</u>		
Dates: 01/12 <input type="checkbox"/> 02/12 <input type="checkbox"/> 03/12 <input type="checkbox"/>		
Price per person: 37£	Nr of Tickets:	Total Cost:£
<u>Dolmabahce Palace Tour (Half Day)</u>		
Dates: 02/12 <input type="checkbox"/> 03/12 <input type="checkbox"/>		
Price per person: 35£	Nr of Tickets:	Total Cost:£

All tours include English speaking guide, transfers from/to Conference venue, entrance fees

VI. SOCIAL EVENTS RESERVATION PROCEDURE

- Please fill in the required information.
- Social events bookings require full payment at the moment of booking. A letter confirming your reservation will be sent to you by e-mail within three (3) working days from the day both the Hospitality Services Booking Form and the payment have been received. Should you not receive this letter in due time, please contact the Conference Organisers
- Pick up & drop off point will be the Conference Venue – **Istanbul Congress Centre**

SOCIAL EVENTS		
<u>Farewell Dinner 02/12</u>		
Price per person: 78£	Nr of Tickets:	Total Cost:£

V. CANCELLATION POLICY

Accommodation

- Cancellations received prior to June 30th 2011 will receive full refund minus 37£ administrative fee.
- Cancellations received between July 1st and September 30th, 2011 will be charged with one (1) night stay.
- Cancellations received between October 1st and November 1st, 2011 will be charged with two (2) nights stay.
- There will be no refund for cancellations received after November 1st, 2011.

Tours & Social Events

- Cancellations received until November 1st, 2011 will receive full refund.
- There will be no refund for cancellations received after November 1st, 2011

Any refunds that may occur to cancellation and/or alteration will be processed within two (2) months following the conclusion of the Conference.

VII. PAYMENT DETAILS

All payments related to Hospitality Services should be made by credit card (belonging either to you or to a third party) **Personal checks are not accepted.**

Please fill in the following fields and tick where appropriate:

Payment by credit card:

MasterCard/EuroCard Visa/Delta/Electron Discover American Express Switch/Maestro Solo

Credit card number:

Card expiry date: Month Year

Cardholder's name:
(as displayed on the card)

Cardholder's telephone number
(please include country code):

Bank issuing Details:

Three digit numbers as displayed at the back side of your card:

I hereby authorize **Excellence In Conferences Ltd** to debit this card with the total amount of £.....and any subsequent changes [cancellation/administrative fee(s)] to the items booked for Mr / Mrs in view of his/her participation in Excellence in Child Mental Health 2011.

Cardholder's Signature:
(Please do not type your name: Original signature is required.)

In case you provide information for a credit card that belongs to a third party, a photocopy of the credit card and the cardholder's passport (or ID card) is required in order to confirm the transaction. Please send the requested documentation to the Conference Organisers by fax or email: Fax: +44 (0) 203 292 1599 (attn. Hospitality Dpt.) Email (Hospitality Dpt.): eicmh-hosp@excellence-in-conferences.org

VIII. BILLING DETAILS

Please tick one of the following billing options: Receipt* Invoice

In case of invoice please fill in the following details:

Individual's name/ Company Name:

Profession/ Field of activities:

Address (street & number):

Zip code: City: Country:

Tel. (please include country code):

Fax (please include country code): E-mail:

Tax ID Nr:
Mandatory Field Local Tax Authority-DOY
(Greek delegates only)

*** A receipt will be issued in case you do not choose one of the options.**

"The Conference Organisers of the Excellence in Child Mental Health 2011 reserve the right at any time to change the programme or to cancel or postpone the Conference. In the event of cancellation or postponement, their liability is limited to refunding any fee already paid. The Conference Organisers will notify registered participants at the address shown on their registration form of any decision to cancel or postpone. The Conference Organisers strongly recommend attendees take out their own insurance against any losses arising from cancellation or postponement of the Conference or the inability of a participant to attend for any reason whatsoever, and they accept no liability for any loss or damage suffered by any participant or accompanying person or other person whatsoever."

It should be noted that the data given in this form will not be disclosed to any third parties who are not directly involved in the organisation of the Excellence in Child Mental Health 2011 nor will it be publicized in any other way.

I agree to the collection and processing of my personal data by Excellence In Conferences Ltd, for the purpose of sending information material (newsletter) in relation to conferences with similar topics as well as promotional and advertising e-mails as part of its advertising policy. YES or NO

I hereby confirm that I have read and understood the registration terms as well as the cancellation and substitution policy, which I accept without any reservations.

Date.....**Signature**.....

(Please do not type your name: Original signature is required.)