

**1st EASTERN MEDITERRANEAN AND MIDDLE EAST
CHIROPRACTIC FEDERATION'S CONGRESS**

Mediterranean Beach Hotel

HOTEL ROOM RESERVATION FORM

Single room (BB*) – € 67,50 number of room(s): _____

Double room (BB*) – € 45,00/person number of room(s): _____

Arrival: ____/____/____

Departure: ____/____/____

Number of Adults:

Number of Children:

Special requests for accommodation:

Credit Card Information
(please complete with capital letters)

Name of Delegate	
Address	
Email	
Telephone	
Credit Card Type:	<input type="checkbox"/> AMEX <input type="checkbox"/> VISA <input type="checkbox"/> MasterCard
Credit card number	
Expiry date of the credit card (MM / YY)	
Verification Number	
Amount to be Charged	
Credit card holder name	
Signature of the credit card holder	

*BB – Bed and Breakfast, Taxes and Service Charge Included

Fax form to: +357 25 32 4754

Inquiries to: Reservations Department to Mrs. Klita Onisiforou, Email: klita@medbeach.com

Hotel's Telephone Number: +357 25 55 9999