



Reservation Form for Binaries Meeting, Code: SJ210610

Participant #1 Name : _____ Participant #2 Name : _____

If two participants are sharing a room, each should submit a form listing the other as participant #2, you will be billed separately for your portion of the room charge. Participants wishing to have a room to themselves, or who will be sharing a room with a non-participant spouse or children should list only themselves as participant #1 above and provide the appropriate information for the other guests below.

No. of non-participant adults: _____ No. of children: _____ Ages: _____

Address: _____

Phone: _____ Fax: _____ Email: _____

Room Type (circle one): Garden View (€160) or Executive Sea View (€195)

Rate is per room (double occupancy) per night including taxes & American buffet breakfast, for any dates up to 8 July 2010.

Arrival Date: _____ Departure Date: _____ No. of nights: _____

Non-smoking room? (circle one): YES or NO

Ride to/from the airport? (circle one): YES or NO

Price will be €7 per person for roundtrip service to/from the airport, will be charged to CC provided below or payment should be included in your bank transfer.

Flight/Boat Information (if known): _____

Time of Arrival: _____ Time of Departure: _____

No. of non-participant persons attending: Reception (21 June, €36): ____ and/or Banquet (23 June, €47): ____

No. of non-participant drink packages (wine/beer/soda, €15 for each event attended): ____

The cost of the banquet & reception (food & drinks) for the participant is included in the registration fee. There is no cost for children under 3 years of age; all other children are welcome to attend, but must pay full price. Non-participant meal & drink packages will be charged to CC or payment should be included in your bank transfer. Childcare is available at €20 per hour for 1-2 children.

Are you interested in attending a: Guided Tour of Delos? _____ Mykonos Boat Tour? _____

This is to help us determine interest; interested persons will need to sign up and pay in cash upon arrival. Exact prices are not available at this time.

Dietary Restrictions: _____ Other Notes: send e-mail to: w-finney@northwestern.edu

Payment Method (circle one): BANK TRANSFER (bank details below) or CREDIT CARD

Credit card (circle one): AMEX or VISA or MASTERCARD

Name of Cardholder: _____

Credit card No: _____ Exp. date: _____ CVV: _____

Authorization:

- I hereby declare that you have my authorization to charge my credit card for one nights stay on April 21, 2010 to confirm my reservation.
- I agree that cancellations I make prior to 21 April 2010 will be honored without any charges.
- In the case I cancel on or after 21 April 2010 but before 21 May 2010, I agree to be charged for one nights stay.
- In the case I cancel on or after 21 May 2010, you have my authorization to charge my credit card for 100% of the entire stay I originally requested.
- In the case I do not show, I understand I will be charged 100% of the entire stay I originally requested.
- In case of unscheduled departure, I understand I will be charged 100% of the entire remaining stay I originally requested.

PRINT FULL NAME: _____

SIGNATURE: _____ Date: _____

Please fax completed & signed forms to: +30 22890 28751

Payments: All credit cards accepted or bank transfers to
 ALPHA BANK ACCOUNT 621002320000935
 I.B.A.N. GR 240 140 6210 6210 0232 0000 935, SWIFT CODE: CRBAGRAAXXX,
 Beneficiary: AXINOPODI S.A.
 SAINT JOHN HOTEL VILLAS & SPA - MYKONOS
 AGHIOS IOANNIS BEACH, P.O. BOX 626, 84600, GREECE
 TEL:+30 22890 28752, FAX:+30 22890 28751
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