



# TRICAP 2006



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*Sun. June 4, 2006 - Fri. June 9, 2006 Chania, Crete - Greece*

## Hotel Reservation Form

Perle Resort Hotel and Health Spa, Chania - Crete, Greece

First (personal) name: \_\_\_\_\_  
Last (family) name: \_\_\_\_\_  
Mailing address: \_\_\_\_\_  
City, State or Province, Zip/Postal Code: \_\_\_\_\_  
Country: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Fax: \_\_\_\_\_  
E-mail: \_\_\_\_\_

Date of arrival to Hotel: \_\_\_\_\_  
Date of departure from Hotel: \_\_\_\_\_

**Prices are special TRICAP2006 group rates and include breakfast buffet, VAT taxes & gratuities. Children under the age of 12 stay free in parents' room. Please tick your choice of room type:**

Single room €65 per night

Double room €90 per night

Triple room €110 per night

**Cancellation policy:**

Up to 1 week prior to arrival: no charge  
After that: Hotel will charge for 1 night stay.

**Credit card information:**

Name of cardholder as it appears on the card: \_\_\_\_\_  
Address used for mailing card statement: \_\_\_\_\_  
Type of card: Visa  Mastercard   
Card number: \_\_\_\_\_  
Expiration date (MM/YY): \_\_\_\_\_  
CCV2 code (last three digits in the signature area on the back of the card): \_\_\_\_\_

Cardholder's signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Please fax filled form to TRICAP secretariat, Ms. Maria Koutrouli at +30 28210 37573