

AJAX HOTEL (4 Star)

RESERVATION FORM

SPRING 2017 CONFERENCE OF THE MULTINATIONAL FINANCE SOCIETY

Reservation form should be sent to the following e-mail:

E-mail: reservations@aiaxhotel.com

TITLE:		
FIRST NAME:		LAST NAME:
INSTITUTION:		
ADDRESS:		
CITY:		COUNTRY:
PHONE:		FAX:
E-MAIL:		
Arrival Date:	2017	Departure Date: 2017
—— Please indicate vour ch	oice of ROOM TYPF (r:	e is per room, per night, inclusive of all Taxes, VAT and Breakfast):
	, ,	,
	€75.00 €84.00	Single Inland view room Double Inland view room
vame of accompanying	person it snaring a dou	le / twin room:
PAYMENTS		
		upon arrival. Your credit card details are required as a deposit guarantee. The rd unless the reservation has been cancelled in up to 2 days before arrival.
		el will charge one overnight.
TYPE:	NUMBER:	EXPIRY DATE:
_	IOTEL RESERVAT	oh 2017, the accommodation room charge cannot be guaranteed.

Date: _____ Signature: ____