



ZITA TRAVEL CONSULTANTS  
 1st Km Markopoulou-Peania Aven., P.O. Box 155, 19002 Peania  
 Tel: +30 210 66.41.190, Fax: +30 210 66.42.958,  
 Website: [www.zitatravel.gr](http://www.zitatravel.gr)  
 Contact Person: Mrs. Natalia Griva  
 Email: natalia.griva@zitatravel.gr  
 or info@zitatravel.gr

**2<sup>nd</sup> Athens International Conference on University  
 Assessment: Assessing Quality  
 October 12-14, 2007**

**Hotel Reservation Form**

**Please fill in and send back by email**

**Participant's Details**

Mr.  Ms.  (\*)

Surname: .....

First Name:.....

Preferred Hotel:.....

Arrival date:.....Departure date:.....

**Room Type**

Single room

Twin room

Special preferences:.....

**Payment**

**1) By Credit Card**

I authorize ZITA TRAVEL CONSULTANTS, to charge my credit card for the following Service:

.....  
 the amount of .....Euros

VISA

AMERICAN EXPRESS

MASTERCARD

Card Number:

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Exp. Date \_\_\_\_/\_\_\_\_/\_\_\_\_ 3 Digits Numbers \_\_\_\_

Cardholder's name:.....

Billing address: .....

Card Holder's Signature:.....Date:.....



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## 2) By Bank Transfer

*(Please indicate **your name** on your bank transfer)*

**Bank :** ALPHA BANK, 40 Stadiou str. 10252 Athens

**Account No.:** 101002320012010

**IBAN:** GR 6301401010101002320012010

**SWIFT Code (BIC):** CRBAGRAAXX

**Important:** All payments must be remitted free from all bank charges. If there is a bank charge it must be paid by the participant.

(\* Double click the appropriate box, choose CHECKED in the window that opens and then click OK.