

HOTEL RESERVATION FORM

The Great Southern (The Malton)

RD2018 – XVIIIth International Symposium on Retinal Degeneration
September 03-08, 2018; Killarney, Ireland

1. PERSONAL INFORMATION

Title: Prof Dr Mr Mrs Ms Other _____

Surname: _____ First Name: _____

Mailing Address: _____

Post Code: _____ Country _____

Telephone: _____

Email: _____

Sharing with Scientist Yes No If Yes, Name of Sharing Scientist

Accompanying Person Yes No If Yes, Name of Accompanying Guest

2. ACCOMMODATION--- Please indicate which room type you require

Type of Room	5 Night Package Per Person *	Additional Night
Single Room, Non Smoking	€ 1,323 <input type="checkbox"/>	€ 150 <input type="checkbox"/>
Twin/Double Occupancy, Non Smoking	€ 998/Sci <input type="checkbox"/>	€ 85 <input type="checkbox"/>
Participants with Non-Participant Guests	€ 1,323/Sci <input type="checkbox"/>	€ 170 <input type="checkbox"/>
	€ 545/Accom Person <input type="checkbox"/>	
No of Additional Nights		€
TOTAL	€	

CHECK IN DATE: ____ / ____ / 2018

CHECK OUT DATE: ____ / ____ / 2018

* 5 night package for scientists includes 5 night stay in room, 5 breakfasts, 4 lunches, 4 dinners, Friday Night Gala Dinner, and conference coffee breaks over the dates September 03–08, 2018.

* 5 night package for accompanying person includes 5 night stay in room, 5 breakfasts, 1 lunch, 4 dinners, and Friday Night Gala Dinner.

Booking Deadline: All accommodation bookings are required by no later than June 29, 2018. After this date, accommodation is subject to availability only.

3. SPECIAL REQUIREMENTS

I have the following special requirements:

DIET (vegetarian etc) _____

ALLERGIES _____

DISABILITIES (Wheelchair etc) _____

4. HOTEL PAYMENT

Hotel reservation requires a one-night non-refundable deposit and all remaining charges will be paid at checkout. Credit card details and credit card charge authorization will be taken as guarantee.

Cancellation Policy:

Cancellation of reservations within 7 days prior to Sept 03, 2018 (meeting) is subject to a penalty of full package rate. This includes no shows and early departures.

PLEASE CHARGE MY CREDIT CARD

YES, I agree to my credit card details being forwarded to The Great Southern to guarantee my reservation.

Please debit my: Visa MasterCard Amex

Cardholder's
Name: _____

Cardholder's
Signature: _____

Amount € _____ Expiration Date: _____
Card
Number: _____

Please email the completed and signed form directly to: info@greatsouthernkillarney.com

Or send it by normal mail to:

Great Southern (The Malton Killarney)
East Avenue Road
Town Centre
Killarney, Co. Kerry, V93 R866
IRELAND