

**Alzheimer Malta Conference 2013 10th - 12th October 2013.**  
**Transfer Reservation Form**



For guaranteed transfers reservations, you are kindly requested to complete this form with all details including your Credit Card number and return it to any of the below contact details, duly signed.  
 In order to secure your booking, this form should be sent by fax on 00356 21 334 989 or by e-mail to the attention of Keith Vella on [keith@alliancemalta.com](mailto:keith@alliancemalta.com) and / or Michelle Barbara on [michelle@alliancemalta.com](mailto:michelle@alliancemalta.com)

**To guarantee transfers, bookings must be sent by not later than Tuesday 1st October 2013**

Personal Details Required:

<b>First Name:</b>		<b>Surname:</b>	
<b>Address:</b>			
<b>City:</b>	<b>Country:</b>	<b>Post Code:</b>	
<b>Tel:</b>	<b>Fax:</b>	<b>E-mail:</b>	

Flight Details Required:

<b>Arrival Date:</b>	<b>Departure Date:</b>
<b>Time of Arrival:</b>	<b>*Departure Flight Time:</b>
<b>Arrival Flight Number:</b>	<b>Departure Flight Number:</b>

\*Departure transfer pick up time will be two (2) hours prior to flight time.

Type of Booking:

Please mark with X for Single Booking:	<input type="checkbox"/>	€20.00 inc. VAT
Please indicate number of persons for group booking:	<input type="checkbox"/>	€20.00 inc. VAT per person.

**Wheelchair accessibility vehicle required:** Price will be quoted upon request.

**Exclusive station wagon for one way transfer from airport to hotel or vice versa for guest with mobility difficulties + personal helper + luggage + wheelchair. Per car - €40.00 inc. VAT**

The above is for 2 persons. Additional persons at €20.00 inc. VAT per person. Max capacity 3.

Please indicate with X if Station Wagon is required:

**Additional Comments:**

**One way transfer from airport to hotel or vice versa per person - €20.00 inc. VAT**

Kindly note that transfers will depend on flight schedules. Should two or more inbound flights be within 15 minutes of each other delegates will be sharing the same transportation vehicle.

Payment Details:

<b>Credit Card Type:</b>	<b>Number:</b>	
<b>Expiry Date:</b>	<b>CCV:</b>	<b>Date:</b>
<b>Signature:</b>		

By signing this form you give us permission to debit your account for the amount and service indicated above.

Confirmation of the above reservation, on behalf of the AGL office:

<b>Confirmation Number:</b>	<b>Date:</b>	<b>Signature:</b>

**Transfers terms and conditions:**

No bookings will be guaranteed without a valid credit card number.  
To take advantage of these rates, Please use ONLY this reservation form.

**Cancellation Policy:**

Non refundable.