



RESERVATION FORM

**AMALIA HOTEL ATHENS
RESERVATIONS DEPT**

Fax: **+30 210 6072135**

E-mail: fitathens@amaliahotels.com

EVENT: "EOQ 08-13/06/15 (EEDE)"

PARTICIPANT:

FAMILY NAME: _____ FIRST NAME: _____ TITLE: _____

TEL.: _____ FAX: _____ E-MAIL: _____

ADDRESS (street, city, post code, country): _____

ARRIVAL DATE: ____/____/____ ARRIVAL TIME: ____ DEPARTURE DATE: ____/____/____

ACCOMPANYING PERSON:

FAMILY NAME: _____ FIRST NAME: _____ TITLE: _____

ACCOMMODATION: AMALIA HOTEL ATHENS

SUPERIOR Single Room BB 125 €

SUPERIOR Double Room BB 134 €

Number of nights: _____

*I authorize **AMALIA HOTEL** to charge my credit card for the amount of one night's accommodation in case of late cancellation or "no show"*

American Express Master Card Diners Visa

Cardholder's name:

Card Number:

Expiry Date:

CCV No

CANCELLATION- NON SHOW POLICY:

Up to 7 days prior to arrival in order to avoid one night's fee penalty. Non show penalty is one night's charge as well.

Signature: _____ Date: _____

Please print out the form, sign it and fax it or forward by e-mail to AMALIA HOTEL