



# CROWNE PLAZA®

ATHENS CITY CENTRE

## HOTEL RESERVATION FORM

10<sup>TH</sup> INTL CONFERENCE – BCRRA 2017

26-30/06/2017

Please email or fax this form directly to the Crowne Plaza Athens City Centre latest  
Your request will be subject to hotel's availability.

Reservations Department: E-mail: [info@cpathens.com](mailto:info@cpathens.com) FAX: 0030 210 7278600

FIRST NAME: .....

LAST NAME: .....

ARRIVAL DATE: ..... DEPARTURE DATE: .....

COMPANY: .....TITLE: .....

ADDRESS: .....

TEL: .....FAX: ..... E-mail: .....

A special room rate has been negotiated for this event. Please find hereunder:

### **ROOM TYPES:**

Single Room (Breakfast included): € 135, 00.-

Double Room (Breakfast included): € 145, 00.-

Above rates are inclusive of all taxes of 14,10%, services and American Buffet Breakfast.  
Should taxes , levy change at any time, the tax percentage will change accordingly.  
Please tick the room type you prefer to book.

**All reservations received will be confirmed subject to hotel's availability at the time of registration form receipt.**

### **DEPOSIT:**

One night's accommodation, non-refundable, is required by **June 1<sup>st</sup> , 2017.**

### **CREDIT CARD AUTHORIZATION FORM**

Please complete the following and provide us with: **a copy of the front and back of the credit card**

I, \_\_\_\_\_ authorize the Crowne Plaza Athens City Centre to charge  
my credit card

VISA  AMERICAN EXPRESS  MASTER CARD  DINERS CLUB

Card Number # \_\_\_\_\_

Expiration Date \_\_\_\_\_ 3 numbers on the back Side of the card) \_\_\_\_\_



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The amount of € \_\_\_\_\_ (EURO \_\_\_\_\_)

For my group reservation at the hotel from \_\_\_\_\_ to \_\_\_\_\_

Group Name: \_\_\_\_\_

Name of Cardholder \_\_\_\_\_

Company \_\_\_\_\_

Address \_\_\_\_\_

Telephone No \_\_\_\_\_

E-mail \_\_\_\_\_

Signature \_\_\_\_\_

Today's Date \_\_\_\_\_

### CANCELLATION POLICY:

**For any cancellation until the 26<sup>th</sup> of May , 2017:** No cancellation charges will apply.

**For any cancellation received from May 27<sup>th</sup> , 2017 till June 10<sup>th</sup> , 2017:** the hotel will charge 1 night .

**For any cancellation received on and after June 11<sup>th</sup> , 2017:** the hotel will charge 100% of the total expected revenue.

SIGNATURE: ..... DATE: .....

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**To be completed by CROWNE PLAZA ATHENS only:**

CONFIRMATION NUMBER: .....

SIGNATURE: ..... DATE: .....

**We are looking forward to welcoming you in our Crowne Plaza Athens City Centre.**