



HOTEL RESERVATION FORM
REEC ATHENS,
May 09th -10th , 2024

Please email or fax this form directly to the Crowne Plaza Athens City Centre.

Your request will be subject to hotel's availability.

Reservations Department: E-mail: 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): € 220, 00.-
- Double Room (Breakfast included): € 240, 00.-

Above rates are inclusive of all taxes of 13,57%, services and American Buffet Breakfast.
Should taxes change at any time, the tax percentage will change accordingly.
Rates do not include a tourism levy of € 4,00.- per room, per night.
Please tick the room type you prefer to book.

DEPOSIT:

One night's accommodation, non-refundable, is required **3 days prior to arrival.**

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) _____



CROWNE PLAZA®

ATHENS CITY CENTRE

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 received 72 hours before arrival and after: The hotel will charge 100% of the total expected revenue.

SIGNATURE:

DATE:

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.