

**ATHÈNES**

**FAX**

● ΤΜΗΜΑ ΚΡΑΤΗΣΕΩΝ  
RESERVATIONS DEPARTMENT

● ΠΡΟΣ / TO  
**Mrs Katerina MARAVELI**  
Tel : +30 210 82 00 700  
Fax : +30 210 82 00 777

● ΑΠΟ / FROM

ΗΜΕΡΟΜΗΝΙΑ / DATE :  
Αρ. Σελίδων / No of pages :  
CC :

Email: h0866@accor.com

● ΘΕΜΑ / SUBJECT : OVERNIGHT ACCOMMODATION BOOKING FORM

Dear Mrs Vrettou,

With this e-mail would like to confirm my participation to the ..... Meeting and to authorise you to charge my credit card accordingly to my stay as follows:

Guest name: .....

Room type: .....

Single room: 109,00 € (including taxes & breakfast)

Double room: 119,00 € (including taxes & breakfast)

Arrival date:

Departure date:

Credit card number: ..... expiration:

Credit card holder: .....

**Cancellation terms & conditions:**

1. For any change or cancellation of the reservation 7 days prior arrival, one day cancellation fees will be applied to the credit card.
2. For any change or cancellation of the reservation 3 days prior arrival, 100% cancellation fees will be invoiced to the credit card.

Approved and authorized by :

Name:

Signature :

NOVOTEL ATHENS

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