

## **FAX**

## **ATHÈNES**

|          | TMHMA ΚΡΑΤΗΣΕΩΝ<br>RESERVATIONS DEPARTMENT  | ΠΡΟΣ / ΤΟ  Mrs Katerina MARAVELI  H0866@accor.com  Tel: +30 210 82 00 700  Fax: +30 210 82 00 777 | AΠΌ / FROM   |
|----------|---|---|--|
|          | HMEPOMHNIA / DATE :<br>Ap. Σελίδων / No of pages :<br>CC :  | rax: +30 210 62 00 777  |  |
|          | <b>ΘEMA / SUBJECT :</b> OVERNIGHT ACCOMMODATION BOOKING FORM  |   |  |
|          | Dear Mrs Maraveli,  |   |  |
|          | With this e-mail would like to confirm my participation to the IARIA/VICOV CONFERENCE and to authorise you to charge my credit card accordingly to my stay as follows:  |   |  |
|          | Guest name:   |   |  |
|          | Room type:  |   |  |
|          | Single room: 109 € (including taxes Double room: 119 € (including taxes The above rates do not include the accommodanuary 1st, 2018, according to the law 4389)   | & breakfast)<br>odation tax (3 euro per realized roo  | om night) which will be imposed from   |
|          | Arrival date:   | Departure date:   |  |
|          | Credit card number:   | expiration:   |  |
|          | Credit card holder:   |   |  |
| 1.<br>2. | Cancellation terms & conditions:  For any change or cancellation of the applied to the credit card.  For any change or cancellation of the condition of the conditions. | <del></del>   | ival, one day cancellation fees will be rrival, 100% cancellation fees will be |

invoiced to the credit card.

Name:

Signature:

Approved and authorized by :

**NOVOTEL ATHENS**