NOVOTEL

Athens

RESERVATIONS	TO	I	FROM	
DEPARTMENT	Mrs Aspasia VRETTO	υ		
	H0866@accor.com			
	Tel : +30 210 82	00		
	700			
DATE :	Fax : +30 210 82 0	00		
No of pages	777			
:	.,,			
CC:				
SUBJECT : OVERNIGHT .	ACCOMMODATION BOOK	ING FORM		
Dear Mrs Vrettou,				
With this e-mail wor	uld like to confirm	m my particir	ation to the IA	ARIA Meetings
and to authorise y follows:				_
Guest name:				
Room type:				
Single room : breakfast) Double room: 94,00 €		-avec & hreak	_	taxes &
The above rates do not				d room night)
which is imposed from				u 100m mgmc)
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				
Arrival date:			Dep	arture date:
Credit card number: expiration:				
Credit card holder:		······································		
Cancellation terms 8				
For any change or c				arrival, one
day cancellation fee For any change or c				rrival 100%
cancellation fees wi				IIIvai, 100%
cancerration rees wi		circ orcare o	ara.	
Approved and author	ized by			
Name:				
2.00				
Signature :				

4-6, Michail Voda Street - 104 39 Athens - Greece T. +30 210 82 00 700 - HØ866@accor.com

novotel.com - all.accor.com

1.

2.

