



HOTEL REGISTRATION FORM

For the



Please answer directly to the Reservations Department:

Fax : +30 210 9237493 Tel : +30 210 9238302 e-mail: info@athensgate.gr

Guest Name :	_____	Surname :	_____
Address :	_____ _____		
Fax n°/e-mail:	_____		
Arrival date :	_____	Departure date :	_____
breakfast +taxes incl.:	Standard Single room 145 EUR	Standard Double/Twin room 155 EUR	

To guarantee the reservation, would you please indicate a credit card number (Amex, Visa, Euro/Mastercard or JCB) and expiry date.

- Upon reception of this form the Hotel will charge 1 night's charge on the credit card hereunder mentioned.
- The balance of the stay will be charged on the credit card given upon check-in at the Reception of the Hotel.
- For any cancellation until 21 days before your arrival one night cancellation fees will apply (deposit).
- For any cancellation within the last 20 days prior to your arrival or in case of Non Show full cancellation fees will apply.

Signature : _____

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Credit card number

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Expiry date

Pls note that we will send you a confirmation fax/e-mail with the confirmation number as soon as we have checked the availability. Pls make sure that you have received such a confirmation.

Dear Sirs,

We are pleased to confirm the above reservation with the following confirmation number : _____

We look forward to welcoming you soon at the **Athens Gate Hotel Athens.**