HOTEL RESERVATION FORM



Should you wish to make a reservation, please complete the form below carefully.

Royal Olympic Hotel

28-34 Ath.Diakou str., 117 43 Athens, Greece Tel.: + 30 210 9288400 - Fax: + 30 210 9233317

Web: www.royalolympic.com

PARTICIPANT'S DETAIL	S
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Last Name:	•••••	• • • • • • • • • • • • • • • • • • • •	First	Name :	•••••		
Phone:	•••••	Fa	ax / E-mail	·	•••••		
Credit Card N	o.:	•••••	Caro	d Type :	Exp.Date :		
Arrival Date :	•••••	• • • • • • • • • • • • • • • • • • • •	Departure	Date :			
Please tick the hotel's website.		you wish to reser	rve. For pho	tos and description	n of the rooms kindly visit the		
Standard roo	ms						
Single	€ 200		Double	€ 250			
Superior room	ms						
Single	€ 230		Double	€ 280			
All above rates are per room per night including American buffet breakfast & all taxes. Signature:							
 Please Note Your credit card is mandatory for the reservation and will be charged with a one night deposit upon confirmation of the reservation. Settlement of your account can be effected upon departure by credit card or cash. All rooms are upon request depending on the hotel's availability. 							
(deposit). 2. For any care	ancellation un	thin the last 20	•	_	cancellation fees will apply		
PLEASE CC				JLL TO THE RC	OYAL OLYMPIC HOTEL		
Reserved to the Hotel							

Confirmation Number : _____ Date : ____ Signature : _____