CROWNE PLAZA®
ATHENS CITY CENTRE

HOTEL RESERVATION FORM

March 21st -25th , 2024

DTT DELPHI CONFERENCE

Please email or fax this form directly to the Crowne Plaza Athens City Centre.

Your request will be subject to hotel's availability.

Reservations Department: E-mail: info@cpathens.com **FAX**: **0030 210 7278600**

FIRST NAME: .....

LAST NAME: .....

ARRIVAL DATE: ..... DEPARTURE DATE: .....

COMPANY: .....TITLE: .....

ADDRESS: .....

TEL: .....FAX: ..... E-mail: ....

A special room rate has been negotiated for this event. Please find hereunder:

ROOM TYPES:

☐ Single Room (Breakfast included): € 150, 00.-
☐ Double Room (Breakfast included): € 170, 00.-

Above rates are inclusive of all taxes of 13,57%, services and American Buffet Breakfast.
Should taxes change at any time, the tax percentage will change accordingly.
Rates do not include a Climate Resilience Tax of € 10,00.- per room, per night.
Please tick the room type you prefer to book.

DEPOSIT:
One night's accommodation, non-refundable, is required 3 **days prior to arrival.**

CREDIT CARD AUTHORIZATION FORM

Please complete the following and provide us with: **a copy of the front and back of the credit card**

I, _____ authorize the Crowne Plaza Athens City Centre to charge

my credit card

VISA ☐ AMERICAN EXPRESS ☐ MASTER CARD ☐ DINERS CLUB ☐

Card Number # _____

Expiration Date _____ 3 numbers on the back Side of the card) _____

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The amount of € _____ (EURO _____)

For my group reservation at the hotel from _____ to _____

Group Name: _____

Name of Cardholder _____

Company _____

Address _____

Telephone No _____

E-mail _____

Signature _____

Today's Date _____

CANCELLATION POLICY:

For any cancellation received 72 hours before arrival and after: The hotel will charge 100% of the total expected revenue.

SIGNATURE: ..... DATE: .....

To be completed by CROWNE PLAZA ATHENS only:

CONFIRMATION NUMBER: .....

SIGNATURE: ..... DATE: .....

We are looking forward to welcoming you in our Crowne Plaza Athens City Centre.