

# SUMMER SCHOOL BIOMEDICINE 01-06 /07/2012



## AIROTEL

Dorileou 10-12 - Athens 115 21

Tel: 0030 2610 991801 / Fax: 0030 2610 992487

www.airotel.gr

**\*\*\* ACHAIA BEACH \*\*\***

**RESERVATION FORM**



## AIROTEL

Please complete the required form & return by fax

Phone+30 2610 991801

Fax +30 2610 992487

E-mail:sales\_achaiabeach@airotel.gr

LAST NAME:	FIRST NAME:
ADDRESS:	POSTAL CODE:
CITY:	PHONE
E-MAIL:	FAX

### ACCOMMODATION INFORMATION

ARRIVAL DATE:	DEPARTURE DATE:	
ARRIVAL TIME	DEPARTURE TIME	
SINGLE:	TWIN	<b>Single 67€ - Double 76€ , Triple 95€, Per sea view room, daily, including breakfast and all taxes.</b>

### PAYMENT AND CANCELLATION TERMS

1. As guarantee of your reservation, we require your credit card number with the expiration Date and security code.
2. In order to proceed with the reservation please ,forward us your credit card details **till 10/06/12**, after this date your reservations will be on request.  
We suggest that you forward it to us by fax not e-mail (for security reasons) or phone us.
3. Your card will not be charged we will only take a pre-authorization of your credit card.
4. In case of cancellation 24 hours prior your arrival or non show, you will be charged 1. night cancellation fees.
5. Please note that in case of any change or cancellation it will only be valid if received in writing.
6. All accounts to be settled on departure.

Name of Card Holder:

I authorize you to debit my credit card for the above accommodation expenses.

**CREDIT CARD:**

Card No:	Card expiry date:	CVV:
Signature:	Date:	