



HAROKOPIO UNIVERSITY ACCOMMODATION FORM

Please complete accommodation and return to the hotel: **10/04/2015**

VIA EMAIL to : info@poseidonhotel.com.gr or Via Fax to : 0030 210 98 29217

POSEIDON HOTEL - 72, Posidonos Avenue, 17562 , P.Faliro Tel: (+30210) 98 72 000

SURNAME.....FIRST NAME(Mr,Mrs, Miss).....

ADDRESS..... COUNTRY.....

TEL.....FAX.....e-mail.....

FROM (arrival).....To (departure)..... /

Arrival time

Type of room.....Total no of nights.....No of adults.....

Other REQUEST

HOTEL RATES IN EURO PER ROOM PER NIGHT (Breakfast, Service charge & Taxes included)

Room Type	Room rate
Standard Room	75€
Sea View Room	100€

Check-in: 14:00 Check-out: 12:00

TERMS OF PAYMENT

Hotel room confirmation

Confirmation of the hotel room reservation will be sent by Poseidon Hotel to each delegate, as soon as the hotel reservations form along with the 50% payment for full stay. The rest amount of 50% payment will be settled upon arrival.

Please note, if cancelled, modified or in case of no-show, the total price of the reservation will be charged.

CREDIT CARD PAYMENT

Important: Your credit card number is required to secure your reservation.
50% deposit, will be charged to your credit card upon receiving this accommodation form

MASTER CARD

VISA

AMERICAN EXPRESS

NUMBER OF CARD.....EXPIRY DATE.....

Holders of AMERICAN EXPRESS only, site also the CID no of Card.....

VISA of MASTER CARD holders, site also the Card Security Code.....

AMOUNT TO BE CHARGED €.....

DATE.....CARD MEMBER SIGNATURE

KINDLY SEND THE ACCOMMODATION FORM REQUEST

UNTIL 10 APRIL 2015 VIA EMAIL to: info@poseidonhotel.com.gr or Via Fax to: 0030 210 98 2 9217
to RESERVATIONS DEPARTMENT