

HOTEL RESERVATION FORM IAML – INTERNATIONAL ASSOCIATION OF MUSIC LIBRARIES

20-23/04/2017

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: E-mail:
A special room rate has been negotiated for this event. Please find hereunder:
ROOM TYPES:
Single Room (Breakfast included): € 120, 00 Double Room (Breakfast included): € 130, 00
Above rates are inclusive of all taxes of 14, 10%, services and American Buffet Breakfast. Should taxes, levy change at any time, the tax percentage will change accordingly. Please tick the room type you prefer to book.
All reservations received will be confirmed subject to hotel's availability at the time
of registration form receipt.
DEPOSIT: One night's accommodation, non-refundable, is required by March 27 th , 2017.
CREDIT CARD AUTHORIZATION FORM
Please complete the following and provide us with: <u>a copy of the front and back of the credit card</u>
I, authorize the Crowne Plaza Athens City Centre to charge
my credit card VISA AMERICAN EXPRESS MASTER CARD DINERS CLUB
Card Number #



ATHENS CITY CENTRE

Expiration Date 3 numbers on the back Side of the card)
The amount of € (EURO)
For my group reservation at the hotel fromto
Group Name:
Name of Cardholder
Company
Address
Telephone No
E-mail
Signature
Today's Date
CANCELLATION POLICY:
For any cancellation until March 27 th , 2017: No cancellation charges will apply.
For any cancellation received on and after March 28 th , 2017: 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.