

## RESERVATION REQUEST

### ATHENS ISCO 2012 17/04/12 – 21/04/12

Please send the duly filled- in reservation form, either by fax or e-mail to the following contact details. Kindly note, that each reservation form must be used only for one room booking.

**Attention:** Mrs. Dimitra Siapati/ Reservation Agent

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**E-mail:** Dimitra.siapati@melia.com

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**E-mail 2:** Melia.athens@melia.com

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**Fax:** +30 210 33 20 200

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### Participant's Contact Details

**First Name:** \_\_\_\_\_

**Last Name:** \_\_\_\_\_

**Company:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Post / Zip Code:** \_\_\_\_\_

**City / Country:** \_\_\_\_\_

**Tel:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

**Email:** \_\_\_\_\_

### Special Rates

CATEGORY	Excluding Breakfast	Including Breakfast
Premium with shower cabin Single Room	€ 82.00	€ 90.00
Premium with shower cabin Double Room *	€ 87.00	€ 95.00
Deluxe with Jacuzzi Single Room	€ 92.00	€ 100.00
Deluxe with Jacuzzi Double Room *	€ 97.00	€ 105.00

The above rates are per room, per night and include:

- All taxes and services,
- Free Wi-Fi Internet in all public areas
- 2h free Internet per day in the rooms (LAN connection)
- Complimentary use of the health club (gym, sauna, hammam)

# MELIÀ

ATHENS

\* Shared with: First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

COMMENTS \_\_\_\_\_

## Requested Dates

**Arrival Date:** \_\_\_\_\_

**Departure Date:** \_\_\_\_\_

**No of room nights:** \_\_\_\_\_ **Arrival time:** \_\_\_\_\_

Room Basis	Breakfast	Yes	No

## Reservation Guarantee

**Credit Card** Visa \_\_\_\_\_ Amex \_\_\_\_\_ Master Card \_\_\_\_\_ Diners Club \_\_\_\_\_

**Card number:** \_\_\_\_\_ **Expiry Date:** \_\_\_\_\_ / \_\_\_\_\_

\* Please attach a visible both sided copy of the above credit card.

\*\* Please attach a visible copy of the ID or passport of the credit card holder.

The credit card number will be used as guarantee of the reservation and preauthorized and will be charged only in case of cancellation or non show, according to the below policy:

### Cancellation policy/ No-show:

For any cancellation up to 4 days prior to the arrival date or in the event of a no-show, one night stay will be billed to the credit card, as cancellation fee.

With the present letter, I, \_\_\_\_\_ authorize the hotel to direct bill all services listed according to the above terms and conditions for my reservation to my corporate/ personal credit card.

**Signature and Name:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Please send this document by fax or e-mail to the reservations department  
(Include all of the data with respect to the hotel and sales department)**

For more information, click and view our [e-brochure](#):