**Please note that rooms are subject to availability. It is advisable to make the accommodation requests in good time.**

**You are kindly asked to fill in this form and email/fax it to the Hotel.**

**The Hotel will respond to your request in order to confirm availability and secure your reservation.**

**e-mail:** info@cpathens.com

**fax:** +30 210 727 8600

CROWNE PLAZA

<http://www.cpathens.com/>

50, Michalakopoulou str, 115 28 Athens

DELEGATE’S PERSONAL DETAILS

|  |  |  |  |
| --- | --- | --- | --- |
| Family Name:  |  | First Name: |  |
| Job Title/Position: |  |
| Agency/Authority: |  |
| Participating Event | Event Date |
|  |  |
| Tel: |  | E-mail: |  |
| Mobile: |  | Country: |  |

**ACCOMMODATION**

|  |  |
| --- | --- |
| **Arrival Date** | **Departure Date** |
|  |  |
| **Please Select** | **Period** | **Price** | **Type of Room** |
| 🞏 | **01.01 to 21.04.2014** | **€ 95,00** | **Superior Single** |
| 🞏 | **22.04 to 30.06.2014** | **€ 105,00** | **Superior Single** |
| **Rates are per room per night, inclusive of breakfast and all applicable taxes. Free wifi.** |
| **Please also select:** |
| 🞏 | **Non Smoking Room** |
| 🞏 | **Smoking Room** |

|  |
| --- |
| **Comments for additional services**  |
|  |

**PAYMENT METHOD**

**The Hotel, once has received your form, will contact you back regarding availability. In order to secure your reservation, you will be asked for your credit card details.**

Name/Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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