**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:** H3167@sofitel.com

**fax:** +30 210 3544 444

SOFITEL ATHENS AIRPORT

<http://www.sofitelathens.gr/>

Athens International Airport, 190 19 Spata

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** | |
|  | |  | |
| **Period** | **Price** | | **Type of Room** |
| **01.01 to 30.06.2014** | **€138,44** | | **Superior/Luxury Single Room** |
| **Rates are per room per night, inclusive of breakfast and all applicable taxes. Free wifi.** | | | |
| **Please 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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**In order to confirm availability and secure your reservation, you are kindly asked to email/fax this form to the Hotel.**

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