



IGNAAM 2005

**Anifantis Tours
Greece**

Tel. ++302262026479-80

Email: aatours@otenet.gr

HOTEL RESERVATION FORM

Esperides Hotel

Title _____	Surname _____	First Name _____
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Address _____	
City _____	
Postcode _____	Country _____
Telephone _____	Fax _____
Email _____	Mobile Phone _____

Hotel Reservation

Prices are per room per night included half board (breakfast and lunch), every child 0-4 years old is free of charge and 4-13 50% discounts

Type of room(s)	Price(s)
Single room	67 €garden view -78€sea view
Double room	108 €garden view -120 €sea view
Triple room	150 €garden view-160€sea view

I wish to reserve _____ room(s) _____ view with _____ beds

Arrival date: ___/___/___ Departure date: ___/___/___

Confirmation

Please complete this section to guarantee your booking. Without this guarantee your room may be released.50 % deposit upon reservation and 50 %, one month prior arrival to be guaranteed by credit card or bank transaction:

1. By Credit Card

Mastercard Visa

□□□□ □□□□ □□□□ □□□□ Expire date □□□□

cvv: _____ (three digit number at back of your credit card is required)

Remark: Bank commission excluded

2. By Bank Transaction

Bank : Bank of Piraeus

IBAN Number : GR5901721550005155017591373

Bank swift Number : PIRBGRAA

Account Number : 5155-017591-373

Please send by fax details from your transaction. - Remark: Bank commission excluded

Cancellation

In the event of no-show or cancellation the client may be liable to the following cancellation charges :• 14 days before the date of arrival: the deposit will be refunded after deduction of 10% to cover expenses incurred. • Less than 14 days before the date of arrival: the hotelier is allowed to retain the deposit.

**Please send this form to Anifantis Tours via Fax to (Greece)
++302262089488 in order guarantee your reservation**