



RESERVATION FORM for ROBOCOM 2007

Kindly fill in the following reservation form and send it to Amarilia Hotel, Reservations Department, fax number +30 210 8955790 or +30 210 8956277.

Name: _____ Title: _____

Company's Name: _____

Address: _____

City: _____ Zip code: _____ E-mail: _____

Tel: _____ Fax: _____

ACCOMODATION

Arrival Date _____ Time _____ Departure Date _____ Time _____

| Single | Double | Triple | Reservation No. |
|-----------------------------------------|-----------------------------------------|-----------------------------------------|-----------------|
| 125 <input type="checkbox"/> x __ rooms | 165 <input type="checkbox"/> x __ rooms | 210 <input type="checkbox"/> x __ rooms | |

- Rates are in Euro per day per room and include American buffet breakfast, lunch and all taxes.
- Check-in time is 14:00 and check-out time is 12:00 noon.

CANCELLATION POLICY

- No charges if cancellation is advised in writing until 31/8/2007.
- Any cancellation before 15/9/2007, applies to 1 night cancellation fee.
- Any cancellation before 4/10/2007, applies to 2 nights cancellation fee.
- Any cancellation after 5/10/2007, non-show of guests or earlier check-out applies to full stay cancellation fee.

RESERVATION POLICY

A deposit of 1 night is required to confirm requested accommodation.

Full payment of accommodation and hotel extras is required prior to departure from the hotel.

I authorize AMARILIA HOTEL to charge my credit card (details as below) according to hotel reservation and cancellation policy, in case of cancellation or non-show.

Name of Cardholder _____

_____ (Add Company Name, if a Company Credit Card)

Credit Card Type _____ Expiry Date ____/____/____ CCV _____ (3 last digits)

Credit Card No: _____

Date _____ Signature _____

Please note

- It is very important to write the last 3 digits (CCV) found on the rear side of your Visa credit card.
- No personal cheques are accepted