



Macedonian
Hotels

RESERVATION FORM FOR «EMBRYOLAB ACADEMY WORKSHOP» 16-19/09/2015

NAME:	
PHONE:	
ARRIVAL:	
DEPARTURE:	
OVERNIGHTS:	

ROOM TYPE	RATE PER NIGHT "CITY HOTEL" (FILL IN WITH X YOUR CHOISE)	REMARKS
SINGLE –inner view	70 €	
DOUBLE –inner view	80 €	
SINGLE –city view	80 €	
DOUBLE –city view	90 €	

Above rates include American Breakfast buffet/ free WI-FI/ free use of steam bath & gym in our central spa

All bookings should be made until 28/08/2015

CREDIT CARD DETAILS (1 night deposit until 02/09/2015)

CARD TYPE: _____ (VISA, MASTER, DINERS, AMERICAN)

CARD NUMBER: _____

EXPIRY DATE: _____

SECURITY CODE: _____ (3digit or 4 digit number which is written on the back side of the card)

HOLDER: _____

Or

BANK DETAILS FOR DEPOSIT PAYMENT (1 night deposit until 02/09/2015)

ALPHA BANK: IBAN GR2301407000 700002320002678

“AE MAKEDONIKON XENODOCHION”

SWIFT CODE: CRBAGRAAXXX

CANCELLATION POLICY

For every cancellation 21-04 days before the date of arrival, guest will be charged with 100% of the deposit.

For every cancellation 03-0 days before the date of arrival, guest will be charged with 100% of the booking.

Date:...../...../2015

11 Komninon str. 54624 Thessaloniki, Greece, Tel. +30 2310 021000, Fax. +30 2310 240715

www.cityhotel.gr, reservations@cityhotel.gr