



HOTEL RESERVATION FORM

Attention of:
Ms. Zina Papoutsaki, Reservation Manager
e-mail: reservation@minoapalace.gr
Phone: +30 28210 36500 Fax: +30 28210 36555

Last name:		Address:	
First name:		Address 2:	
Salutation:		Zip Code:	
Organisation/Company:		City:	
e-mail:		State/Province/County:	
Phone/fax number:		Country:	

ROOM RESERVATION DETAILS

Arrival date:		Room Type	Rate/night	Check
Departure date:		Single room:	110,00 euros/night	
Number of nights:		Double room:	125,00 euros/night	
Number of guests:		The rates above are inclusive of value added tax. The rates above are inclusive of Breakfast.		
Cancellation policy:	If the reservation is cancelled prior to 7 days before arrival then there will be no charge. For cancellations less than 7 days before arrival (including no-shows) an amount equivalent to the cost of one overnight is charged.			

CREDIT CARD DETAILS

Credit card type: <i>(American Express, VISA, MasterCard)</i>		Expiration date: <i>(month/year)</i>	
Credit Card Number:	_ _ _ _ / _ _ _ _ / _ _ _ _ / _ _ _ _		
Security Number:		Owner:	
Signature: (you can insert digital signature here)			

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 : i ``Ua ci bhczh YfYgYfj Ujcb'hc'VYdUjX'i dcb'Urf]j U'Uh\ ch' g'fYWdh]cb'''
 If you prefer to pay by bank transfer please email the address reservation@minoapalace.gr