



**CROWNE PLAZA®**  
ATHENS CITY CENTRE

**HOTEL RESERVATION FORM**

**ICEFPE24 and AGRIVOLTAICS 2024**  
**November 04 & 05 & 06, 2024**

Please email or fax this form directly to the Crowne Plaza Athens City Centre.  
**Your request will be subject to hotel's availability.**

**Reservations Department: E-mail: [info@cpathens.com](mailto:info@cpathens.com) FAX: 0030 210 7278600**

FIRST NAME: .....

LAST NAME: .....

ARRIVAL DATE: ..... DEPARTURE DATE: .....

COMPANY: .....TITLE: .....

ADDRESS: .....

TEL: .....FAX: ..... E-mail: .....

A special room rate has been negotiated for this event. Please find hereunder:

**ROOM TYPES:**

- Single Room (Breakfast included): € 130, 00.-
- Double Room (Breakfast included): € 150, 00.-

Above rates are inclusive of all taxes of 13,57%, services and American Buffet Breakfast.  
Should taxes change at any time, the tax percentage will change accordingly.  
Rates do not include a Climate Resilience Tax of € 4,00.- per room, per night.  
Please tick the room type you prefer to book.

**DEPOSIT:**

One night's accommodation, non-refundable, is required **2 days prior to arrival.**

**CREDIT CARD AUTHORIZATION FORM**

Please complete the following and provide us with: **a copy of the front and back of the credit card**

I, \_\_\_\_\_ authorize the Crowne Plaza Athens City Centre to charge  
my credit card

VISA  AMERICAN EXPRESS  MASTER CARD  DINERS CLUB

Card Number # \_\_\_\_\_



# CROWNE PLAZA®

ATHENS CITY CENTRE

Expiration Date _____	3 numbers on the back Side of the card) _____
The amount of € _____	(EURO _____)
For my group reservation at the hotel from _____	to _____
Group Name: _____	
Name of Cardholder	_____
Company	_____
Address	_____
Telephone No	_____
E-mail	_____
Signature	_____
Today's Date	_____

### CANCELLATION POLICY:

**For any cancellation received 48 hours before arrival and after:** The hotel will charge 100% of the total expected revenue.

SIGNATURE: .....

DATE: .....

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**To be completed by CROWNE PLAZA ATHENS only:**

CONFIRMATION NUMBER: .....

SIGNATURE: .....

DATE: .....

**We are looking forward to welcoming you in our Crowne Plaza Athens City Centre.**