




THE MET HOTEL

 A MEMBER OF DESIGN HOTELS™

BOOKING FORM

ICNAAM, SEPTEMBER 25-30th 2017

Rate terms and conditions

Bookable up to: upon availability which is confirmed by Reservation Department

Prepayment: Deposit of two overnights is required for final confirmation

Cancellation policy: Your reservation may be cancelled up to 10 days before arrival at no charge. In case of any further cancellation full stay cancellation fees (including charge for requested meals) will be applicable.

Please check the requested room type:

Superior Room, at €135.00 BB for a single/ per night or €135.00 BB double use/ per night

Supplement for superior rooms with sea view (30€ per night)

Deluxe Room, at €165.00 BB for a single/ per night or €165.00 BB double use/ per night

Executive Room, at €175.00 BB for a single/ per night or €175.00 BB double use/ per night

All above rates include American Buffet Breakfast, free wifi internet & parking & all taxes.

Please visit www.themethotel.gr for description of all room types.

Please check the dates if you would like to add an extra meal (a dinner on 25, 26, 27, 29 & 30/09 at 19:00-21:00 & a lunch on 28/09 at time- TBA), on:

25 Sep 2017, at an extra charge of 18€/ person

28 Sep 2017, at an extra charge of 18€/ person

26 Sep 2017, at an extra charge of 18€/ person

29 Sep 2017, at an extra charge of 18€/ person

27 Sep 2017, at an extra charge of 18€/ person

30 Sep 2017, at an extra charge of 18€/ person

ARRIVAL DATE: _____ DEPARTURE DATE: _____

FIRST NAME & SURNAME: _____

PHONE: _____ EMAIL: _____

ADDRESS, CITY, ZIP CODE, COUNTRY: _____

I hereby accept your proposal and above prepayment & cancellation policy.

METHOD OF GUARANTEE

I authorize THE MET HOTEL to keep my credit card details as a guarantee for my reservation, and charge with cancellation fees equal to the cost of one overnight as per above policy in case of late cancellation, no show or early departure. **(The guest should be the owner of this cc and bring this specific credit card in the reception desk upon the check in procedure)**

Credit Card No.: _____ Valid until: _____

Bank: _____ CCV: _____

Or

I will invoice a deposit of one overnight cost to your bank account and send the transaction slip via fax or email:

National Bank of Greece, Payee: "Xenodoxeia Chandris (Hellas) AE", Bank Account: 190 / 470864 – 42, Swift: ETHNGRAA, IBAN: GR96 0110 1900 0000 1904 7086 442

Alpha Bank, Payee: "Xenodoxeia Chandris (Hellas) AE", Bank Account: 125-00-2320-001661, Swift: BIC: CRBAGRAAXX, IBAN: GR74 0140 3940 1250 0232 0001 661

SIGNATURE: _____ DATE: _____