



**<<ILGA EUROPE>> 19-23/10/2016
SEMELI HOTEL RESERVATION FORM**

Surname: _____ Name: _____

Address: _____

Phone: _____ Fax: _____

Second Person in Double/Twin Room:

Surname: _____ Name: _____

Arrival Date: _____ Departure Date: _____

No of nights: _____

Standard Room: Single Use: 75 euro per night Double Occupancy: 85 euro per night

Please note that above Rates include: Buffet Breakfast, Welcome Drink upon arrival, Free Internet throughout the establishment, Free Coffee and Tea Facilities provided in every room daily renewed, Free Seasonable Fruits and wine provided on the day of arrival in every room and free use of the Gym Facilities.

Special requests: _____

Credit Card
Number: _____

Date Expires: _____ Credit Card Type: _____

*The credit card number given is to guarantee my booking and my account will not be debited until my departure. I agree that cancellation during the last 3 days before the arrival I will be charged for a one night's accommodation and in case of non-arrival on the confirmed date I will be charged the whole accommodation cost.

Signature: Date: _____

The rate offered is only available to registered delegates of the above event and are strictly subject to availability. Availability of rooms cannot be guaranteed after 19th of September 2016.

PLEASE FILL IN THIS FORM AND FAX IT TO +357 22 670200 or EMAIL IT AT: hotel@semelihotel.com.cy
Any queries on the booking of the hotel should be directed to tel. +357 22 45 21 21.

CONFIRMATION: We are pleased to confirm the above reservation.

Confirmation
Number: _____ Date: _____

Signature: _____