

HOTEL RESERVATION FORM

Please send the completed form to Laura Tormássy at laura.tormassy@ihg.com

Please complete all areas below and please note that incomplete requests may be rejected.

Guest Information:

First name: _____
Last name: _____
E-mail address: _____
Phone number: _____
Check-in date: _____ Check-out date: _____

Room Information:

Room rate is € 169 / single room / night, € 179 / double room / night (rate is inclusive of buffet breakfast, 5% VAT and 4% city tax) between 22nd – 26th June 2023.

Credit Card Information:

We require credit card information to guarantee the reservation.

Visa Mastercard American Express JCB Diners Club

Credit Card number: _____ Expiry Date: _____

Card Holder Name as appears on Credit Card: _____

Card Holder Billing address: _____ City: _____

State: _____ Post Code: _____ Country: _____

Card Issuing Bank Name: _____ Bank phone No: _____ (from back of CC if available)

Invoice Information:

Should you wish to receive a company invoice please fill out below with the company details.

Name of Person/Company: _____

Billing address: _____

City: _____ VAT number: _____

State: _____ Post Code: _____ Country: _____

By signing below, you acknowledge that you understand and agree with the terms and conditions and authorize the hotel to hold your credit card details accordingly.

Credit card holder signature: _____ Date: _____