



ACCOMMODATION FORM

**Occupational Health and Safety and the
role of the European capitals' trade unions
September 2010**

*Please complete and return to hotel no later than September 1st, 2010 to:
reservations@athensparkhotel.gr - Fax: +30 210-8238420*

Name of guest _____
e-mail: _____ tel: _____

DATES:

Arrival _____ Departure _____

Standard deluxe rooms (1st to 4th floors):

Single occupancy _____ Euro 85,00 room / day

Double occupancy _____ Euro 95,00 room / day

Superior deluxe rooms (5th to 7th floors):

Single occupancy _____ Euro 120,00 room / day

Double occupancy _____ Euro 140,00 room / day

*Room rates include:

- Buffet breakfast
- Use of the fitness centre/use of the swimming pool
- Parking facilities
- All taxes
- Internet use: € 12,00 per day

In order to guarantee reservation hotel requires credit card details.

Credit card holder _____

Credit card nr _____

Expiration Date _____

***Credit card will be charged a ONE night stay for any cancellation received
after September 12th, 2010 and TWO nights stay in case of non-show.**

I hereby accept above terms & conditions.

Signature of client: _____

PARK HOTEL ATHENS- 10 Alexandras Ave. - 106 82 Athens- Greece

Tel. 210- 88 94 506, Fax: 210- 82 38 420

SITE: www.athensparkhotel.gr, E-mail reservations@athensparkhotel.gr

Attention: Ms Anna Agrafa/ Reservations Manager