



# THE MET HOTEL

A MEMBER OF DESIGN HOTELS™

## BOOKING FORM

EUROPEAN SOCIETY FOR CLINICAL CELL ANALYSIS (ESCCA), 24-27 SEP 2017

### Rate terms and conditions

**Bookable up to:** June 26<sup>th</sup> 2017, upon availability which is confirmed by the Reservation Department  
(Tel: +30 2310 017 080, [resv1.themet@chandris.gr](mailto:resv1.themet@chandris.gr))

**Prepayment:** Deposit of one overnight is required for final confirmation.

**Cancellation policy:** Your reservation may be cancelled up to 31 days before arrival at no charge.  
In case of a cancellation 30 up to 14 days before arrival, there is a cancellation fee of one overnight.  
In case of any further cancellation, no-show or early departure full stay cancellation fees will be applicable.

### Please check the requested room type:

Superior Plus Room, at  €145.00 BB for a single/ per night or  €165.00 BB double use/ per night

Superior Port View Room, at  €165.00 BB for a single/ per night or  €185.00 BB double use/ per night

Deluxe Room, at  €185.00 BB for a single/ per night or  €205.00 BB double use/ per night

Executive Room, at  €205.00 BB for a single/ per night or  €225.00 BB double use/ per night

All above rates are valid for min 3 nights stay and include all taxes, American Buffet Breakfast & free wifi internet.  
Please visit [www.themethotel.gr](http://www.themethotel.gr) for description of all room types.

ARRIVAL DATE: \_\_\_\_\_ DEPARTURE DATE: \_\_\_\_\_

NAME: \_\_\_\_\_ TEL.: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

COMPANY: \_\_\_\_\_

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 cc 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: \_\_\_\_\_