



HOTEL RESERVATION FORM

ICLP/CP-2001 Conferences

Mr / Mrs / First nameLast name

Organisation / Firm :

Address :

Telephone number

Fax number E- mail

Accommodation Requirements

Number of Adults (over 12 years old)Number of Children

Number of rooms requiredIf over one room please specify number of
adults & Children in each room 1)

2).....

3).....

Airport

Arrival date Departure date

Arrival time Flight details

Taxi requirements YES.....NO.....TAXI COST FROM / TO THE HOTEL.

PLEASE MARK HERE BELOW WITH " X " TYPE OF ACCOMMODATION REQUIRED.

	PRICE	Pref.		PRICE	Pref.
Twin room Mountain view (2 pax)			Single room Mountain view		
Twin room Sea view (2 pax)			Single room Sea view		
Twin room Studio (2 pax)			Single room Studio		
Dublex studio			(please advice number of pax)		

Above prices are in Cyprus pounds (CYP) , per person per day and include Buffet Breakfast , taxes , service charge and Current V.A.T.

Enclosed is a credit card information authorizing the amount of To be charged to my credit card. Type (ie visa)

Credit card number..... Exp. Date

Signature

Dietary requirements

Please advice about any dietary requirements (ie) Vegetarian

For Internal Use only

We are pleased to confirm the following reservation

Name

Date

Please fax this form to the hotel at +357-6-621156 or email it to coralres@coral.com.cy.

Your reservation must be received by 24th of September 2001. Reservations after this date will be subject to availability.

