

Fax: + 90 212 326 8181

ECG-BluePoint

Registration Details

Title:	\square Mr.	\square Mrs.	\square Ms.
Family Name:			
First/Given Name:			
Business Address:			
Phone/Fax:	Phone:	Fax:	
Email:			
Below mentioned rates a	re per day/room is incl	usive of breakfas	st, %10 VAT and %
	□ € 196.00 - BB RO	ЭН	
Type:	□ € 235,20 - BB ROH		
	_ C 233,20 - BB RC	<i>J</i> 11	
Non-Smoking:	☐ Yes		□ No
Special Requests:			
Date of Arrival:			
Date of Departure:			
Number of Nights			
	Me	ode of Payment	
Master Card Visa Card	American Express	☐ Diners Clu	ıb 🗌 Euro card 🗀
Name of Card Holder:			·····
Credit Card Number:			
Expiry Date:			
By signing this from, I acce	ept the cancellation policy	as outlined below	*•

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- Staying period: 24-26 April 2024
- Rates and availabity might change upon hotel availabity.
- Checking in 2 p.m. Checking out 12 p.m
- Breakfast will be served at Sabrosa Restaurant. Full buffet daily between 07.00-10.30 am.
- Each individual guest will cover their own Accommodation amounts and expences.
- Hotel will require credit card provison or cash deposit upon arrival.
- Reservations can only be confirmed and guaranteed if the credit card details are shared.
- In case of cancellation and no show, it is the individual guest's responsibility and the hotel has right to charge the confirmed no show amount to each guest's credit card details mentioned in the reservation form.
 - o Reservations cancellation until 17th of April will not be charged any no show amount.
 - Reservations cancellation after 18th of April until the check-in date will be charged the total reservation amount as no show fee.