

Reservation Form ICNAAM 19-25/09/2022

Rate Terms & Conditions

Prepayment: Deposit of 3 overnight is required at the time of the booking (non-refundable).

Cancellation

Cancellation up to 14 days before day of arrival: 1 night charge will be charged as cancellation fee.

Cancellation 14 days before day of arrival: 100% of the total booking amount will be charged.

No show or early departure: 100% of the total booking amount will be charged.

All below rates include our awarded Breakfast (Cretan) Buffet, free Wi-Fi through-out the hotel & Parking.

Option Date for reservations until 04/9/2022.

Reservations after 05/09/2022 is subject to Hotel's availability and prices may change.

Rooms & Rates

Room Type	Price per Day with Breakfast	Half Board Choice for €20,00 / per person/ per day
Superior Single Occupancy Room	<input type="checkbox"/> € 110,00	<input type="checkbox"/> € 130,00
Superior Twin/Double Occupancy Room	<input type="checkbox"/> € 122,00	<input type="checkbox"/> € 162,00
Superior Triple Occupancy Room	<input type="checkbox"/> € 139,00	<input type="checkbox"/> €199,00

*Government overnight tax €4,00 per room/per night is not included in the above special rates and has to be paid by guests also with the rest amount of accommodation upon their arrival at the hotel.

Arrival Date:		Departure Date:	
Number of Nights:		Type of Room/Occupancy:	
First Name & Surname:			
Address:			
Country:			
Telephone:		E-mail Address:	

I hereby accept your proposal and above payment & cancellation policy.

Accommodation Payment Methods for Galaxy Hotel Iraklio

1. Credit Card Payment

**Please complete the details below and provide us with a copy of the front and back of the credit card that you wish to use.*

*I authorize the Galaxy Hotel Iraklio to preauthorize/charge my Visa / MasterCard / American Express / Diners Club / JCB Card Number: _____ Expiration Date: _____
CVV Number: _____*

2. Bank Transfer Payment

Galaxy Hotel Iraklio Bank Account Details:

Bank Name: ALPHA BANK
IBAN: GR96 0140 6670 6670 0200 2003 558
SWIFT CODE: CRBAGRAA

Proforma Invoice

In case there is need for a proforma invoice for your payment please send us the required details by email.

University Name: _____
Adress: _____
Country: _____
Vat Number: _____

SIGNATURE: _____ **DATE:** _____