

## HOTEL RESERVATION AND FIELD TRIP & TOUR BOOKING FORM

# B

Please forward this form either by mail, fax or e-mail attachment to:

**CHARIOTEER TRAVEL, 36 Ermou Str, GR-54623 Thessaloniki, Greece**

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# B

FAMILY NAME:..... NAME(S):.....  
 POSTAL ADDRESS:.....  
 CITY:..... ZIP CODE:..... COUNTRY:.....  
 TEL: ..... FAX: ..... E-mail: .....  
 ACCOMPANYING PERSON(S): .....

### HOTEL RESERVATION REQUEST

Category	Hotel Accommodation	Single	Twin / Double
★★★★★	Deluxe accommodation, minibar, TV, safe, bathroom. (Hotel upon request)	€220 - €270	€220 - €270
★★★★★	<b>HOTEL CAPSIS</b> Well appointed rooms, minibar, TV, bathroom	€ 120	€ 135
★★★	<b>HOTEL BEST WESTERN VERGINA</b> Good standard rooms with private bath / shower	€ 80	€ 90
★★	<b>HOTEL PELLA</b> Standard rooms with private shower	€ 60	€ 75

Name of Hotel: .....  
 Arrival date: ..... Departure date:.....  
 No. of Single rooms ..... x €..... x ..... nights = €.....  
 No. of Twin rooms ..... x €..... x ..... nights = €.....

### FIELD TRIP BOOKING REQUEST (minimum participation: 15 persons)

Description	Date	No. of persons	Price	Total
F1	Mygdonia basin and eastern Chalkidiki	14 April	€ 30	€
F2	Western Macedonia	18-19 April	€ 120	€
F3	Eastern Macedonia – Thrace	18-20 April	€ 185	€
F4	SW Thrace	18-19 April	€ 120	€
F5	Lesvos island	18-20 April	€ 250	€
F6	Southern Bulgaria	18-20 April	€	€

### TOUR BOOKING REQUEST (minimum participation: 15 persons)

Description	No. of persons	Price	Total
T1	Byzantine Thessaloniki (16 April)	€ 32	€
T2	Land of Alexander the Great (16 or 17 April)	€ 60	€

**Total payment € .....**

Method of payment in **Euros** (please indicate by ticking appropriate box):

- Bank transfer** to the order of Charioteer Travel Account No. 474 00 2002002793, Branch Code 747.  
Swift Code CRBAGRAAXXX, ALPHA BANK, 55 Ermou Street,
  - Bank cheque** made payable to Charioteer Travel and mailed to the agency's office address: 36 Ermou Str, GR-54623 Thessaloniki, Greece (**personal cheques are not accepted**).
  - Credit Card**       Visa       Mastercard       American Express       Diners Club
- Name of card holder: .....  
 Card No:..... Expiry date:.....

I hereby authorise CHARIOTEER TRAVEL to charge my above credit card with the total payment of services noted on this form.

Date: ..... Signature:.....