



Individual/Business/Grou	up or Event Name:		
Reservation Confirmatio	n Number:		
Arrival or Event Date(s):			
Credit Card Billing Addre	ess:		
City / State / Zip / Country	y / Region:		
Contact Phone Number:	Contact En	nail Address:	
* A valid telephone number and email are required as we will need to contact you to confirm receipt. If we are unable to do so, your reservation will be subject to cancellation.			
I hereby authorize the following charges to be applied to the following credit card. Check all that apply:			
Room & All App	olicable Taxes	Gift Certificate	All Stay Charges
Food & Beverage	e Only Specific Incidentals	☐ All Banquet Charges	Guest Amenity
All Incidentals	Resort Services Fee	Parking	Other - see comments
*In Greece: An additional accommodation tax applies to the total stay account and is payable up on arrival at the Hotel. Is not incuded in the room Rate and is 1.5€ per room per night .			
Comments:			
* The credit card listed below may be billed for the estimated charges Ten (10) days prior to event/reservation date.  * Room and tax on individual bookings will be charged 72 hours in advance.			
Credit Card Number:		Name on Card:	
Expiration Date:		Cardholder Phone #:	
Signature of Card H	lolder:		Current Date:
* Hotel reserves the right to refuse a credit card authorization as a valid method of payment for same day bookings or authorization forms received on day of arrival.			
By submitting this form and any supporting documents, I confirm that I have read and agreed to the use of the personal information I am giving you in accordance with your Global Privacy Policy for Guests, which is available at privacy.royalgrandhotel.gr			
Please email this completed form to:			
Hotel E-mail #: reservations@royalgrandhotel.gr			

For the Royal Grand Hotel's contact information, please visit: https://www.royalgrandhotel.gr

All information is kept confidential and used only for the purposes as noted above.



