



Reservation Form
Conference *Hot Spots in XMM Sky* (June 2016)

Name:.....Surname:.....
No. of adults:.....No. of children:Ages:.....
Address:.....
Tel:.....Email:.....
Have you been in Saint John before? ☐ Yes ☐ No Year:.....
Arrival Date:..... Departure Date:..... Room Type:...single/ double
No. of nights:..... No. of rooms:.....
Rate BB: 115.....euro **per room** per night including taxes (single or double occupancy)
Rate for extra 3rd person: 40 euro per night
Non-smoking room: Yes ☐ No ☐

Transfer upon arrival/departure: ☐ Yes ☐ No
Arrival time:..... Departure Time:.....
Boat/Flight number:.....
Do you wish to make your stay more convenient by hiring a car in special rate?: ☐ Yes ☐ No
Notes:.....

Credit card: AMEX / VISA / MASTER
Credit card holder:.....
Credit card No:.....
Exp. date:..... CVV:.....
Authorization:
FULL NAME:.....
SIGNATURE:.....Date:.....

Cancellation Policy

Authorization:

I hereby declare that you have my authorization to charge my credit card in case of any cancellations or non show.

Season A & B 01.05-05.06.2015, 31.08-16.10.2015, 06.06-26.06.2015: no charges for cancellation up to 4 days prior to arrival

Season C 27.06-31.07.2014: no charges for cancellation up to 5 days prior to arrival

Season D 01.08-30.08.2014: no charges for cancellation up to 7 days prior to arrival

Cancellation within the penalty period: 30% of the total stay charges

For all suites and villas (Junior suites, family suites, villas & executive suites) 15 days prior to arrival 50% cancellation fees.

In case of non show or earlier-unscheduled departure 100% cancellation fees

Please send back filled & signed at +30 22890 28751

Payments: All credit cards accepted or bank transfers to

ALPHA BANK ACCOUNT 621002320000935

I.B.A.N. GR 240 140 6210 6210 0232 0000 935,

SWIFT CODE: CRBAGRAAXXX,

Beneficiary: AXINOPODI S.A.

SAINT JOHN HOTEL VILLAS & SPA - MYKONOS

AGHIOS IOANNIS BEACH, P.O. BOX 626, 84600, GREECE

TEL:+30 22890 28752, FAX:+30 22890 28751

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