

## HOTEL REGISTRATION FORM

TITLE	<input type="text"/>		
NAME	<input type="text"/>		
SURNAME	<input type="text"/>		
COMPANY	<input type="text"/>		
ADDRESS	<input type="text"/>		
TOWN	<input type="text"/>		
POST CODE	<input type="text"/>	COUNTRY	<input type="text"/>
PHONE	<input type="text"/>		
E-MAIL	<input type="text"/>		
MOBILE PHONE NO.	<input type="text"/>		

Preferred Room Rates	TOTAL
Standard Room <b>Single</b> <input type="checkbox"/> € 100*      Standard Room <b>Double</b> <input type="checkbox"/> € 110*	
Sea View Room <b>Single</b> <input type="checkbox"/> € 140*      Sea View Room <b>Double</b> <input type="checkbox"/> € 150*	
4 <sup>th</sup> December 2019 <input type="checkbox"/> 5 <sup>th</sup> December 2019 <input type="checkbox"/> 6 <sup>th</sup> December 2019 <input type="checkbox"/> 7 <sup>th</sup> December 2019 <input type="checkbox"/>	
(Please tick)	

**\*Room rates include breakfast but  
exclude 8% VAT**

### CREDIT CARD DETAILS

Name on Card	<input type="text"/>
Card Type	Mastercard <input type="checkbox"/> Visa <input type="checkbox"/>
Credit Card Number	<input type="text"/>
Expiry Date	<input type="text"/> / <input type="text"/>
CV2(*)	<input type="text"/> (*) CVV2 <small>(security code behind the card)</small>
Card Holder's Signature	<input type="text"/>

Please fill in the reservation form marking the relevant boxes of your choice and  
directly fax it to: **+90 212 236 0385** OR  
e-mail it to: **info@agripro.com.tr**

Organised by