

## HOTEL RESERVATION FORM

TITLE

NAME

SURNAME

COMPANY

ADDRESS

TOWN

POST CODE  COUNTRY

PHONE

E-MAIL

MOBILE PHONE NO.

Preferred Room Rates	TOTAL
Standard Room <b>Single</b> <input type="checkbox"/> € 215*	

30<sup>th</sup> November 2023  1<sup>st</sup> December 2023  2<sup>nd</sup> December 2023  3<sup>th</sup> December 2023   
(Please tick)

**\*Room rates include 8% VAT and breakfast.**

## CREDIT CARD DETAILS

Name on Card

Card Type  Mastercard  Visa

Credit Card Number

Expiry Date  /

CW2(\*)  (\*) CW2  
(security code behind the card)

Card Holder's Signature

Please fill in the reservation form marking the relevant boxes of your choice and directly to e-mail it to: [info@agripro.com.tr](mailto:info@agripro.com.tr)