

## 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"/> € 220*	Standart Room <b>Double</b> <input type="checkbox"/> € 220*	

26 <sup>th</sup> November 2025 <input type="checkbox"/>	27 <sup>th</sup> November 2025 <input type="checkbox"/>	28 <sup>th</sup> November 2025 <input type="checkbox"/>	29 <sup>st</sup> November 2025 <input type="checkbox"/>
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(Please tick)

**\*Room rates include 12% 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"/>
CVV2(*)	<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 to e-mail it to: [info@agripro.com.tr](mailto:info@agripro.com.tr)

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