

CLEOPATRA HOTEL
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RESERVATION FORM

Please fill in the fields below and fax it to us at + 357-22-844222.

* Star marks required fields

Salutation: Mr/ Mrs/ Ms/ Miss (please circle one)

*Name: _____ *Surname/ Last Name: _____

Address: _____ City: _____

Zip-Postal Code: _____ Country: _____

*Phone Number: _____ Fax No: _____

Referral Source: _____ * Email Address: _____

Please notify me about future updates and promotions: yes no (please circle one)

Hotel room reservation details

*Arrival Date: _____ (dd/mm/yy)

*Departure Date: _____ (dd/mm/yy)

* Room Type

Room Description	Standard	Executive	Suite
No of single rooms			
No of double rooms			
No of triple rooms			
4-beds			

* Terms of stay (please tick one)

Bed and Breakfast: _____

Half board (breakfast and one meal): _____

Full Board (breakfast and two meals) : _____

* No of people

No of Adults : _____

No of children: _____

No of Infants (below the age of 3): _____

Late check in (circle one): yes no

No of connecting rooms (1-3): _____

Special Requests: _____

Credit Card Information

*Credit Card Number: _____

*Credit Card Expiry Date: _____ (dd/mm/yy)

Booking Policies and Terms

- Credit card details are required in order to confirm your reservation
- In order to avoid any charges if you wish to cancel your reservation you must inform us 3 days in advance during low season and 7 days in advance during high season. Your cancellation request must be done in writing. Low season is considered the Holy week, a week before and a week after the Holy week, 18th December-15 January (Christmas and New Year' s Period) , and 20th July -10th September. Please confirm with us the exact dates as these might change from year to year.
- Cancellation and no show charges apply as follows: an amount equal to the value of one night's accommodation or 25% of the value of accommodation , which ever is the greatest, will be charged to the credit card
- Once we receive your reservation request through fax any subsequent communication between us will be done through fax, e-mail, or phone
- A credit card is required for 1. preauthorization 2. to exercise the above terms and conditions
- Other forms of payment (please note that for reservation requests through the internet i.e. the website or this fax form above terms and conditions apply or else please check with the Hotel directly)
 1. cash
 2. bank transfers
- Check in Time: 2pm
- Check out time: 12pm
- Special rates may apply for weekends, special dates, groups (more than 5 rooms) and certain periods of the year

User privacy agreement

Your information provided will be registered securely and used only by us for the purposes of making this reservation. It will not be distributed to other parties and we will not send you any unsolicited special offers. You may unsubscribe from our mailing list at any time.

* I understand that by selecting this checkbox I have read
and accept Cleopatra Hotel's Booking Policies and Terms

If you agree with all of the above please sign below:

*Signature : _____

* Date: _____

*You will be notified of room availability and rates in the next 24 hours. Please indicate below how you would like us to send our reply:

By e-mail

By Fax

Email Address: _____

Fax No: _____

Other: _____

THANK YOU FOR YOUR REQUEST