



Registration Form – Hotel - Athens

PLEASE PRINT CLEARLY OR TYPE

SUBMIT REGISTRATION FORM TO SUNDANCER CRUISES BY MAIL OR PDF VIA EMAIL

First Name		Last Name	
Address			
City	State	Zip Code	Country
Home Phone	Work Phone	Cell Phone	
Email Address			<input type="checkbox"/> Male <input type="checkbox"/> Female

HOTEL ROOM MATE INFORMATION

First Name		Last Name	
Address			
City	State	Zip Code	Country
Email Address:	Relationship		<input type="checkbox"/> Male <input type="checkbox"/> Female

GROUP HOTEL INFORMATION PRE-CRUISE (All Prices EUR at time payment processed)

Moxy Athens City	Pricing: <i>Cancellation 24 hours prior to arrival.</i>
<input type="checkbox"/> Backstage Double Occupancy Limited View	<input type="checkbox"/> Queen Bed <input type="checkbox"/> Twin Beds
<input type="checkbox"/> Senior <input type="checkbox"/> AAA#	<input type="checkbox"/> Marriott #
<input type="checkbox"/> Backstage Single Occupancy Limited View	<input type="checkbox"/> Queen Bed <input type="checkbox"/> Twin Beds
<input type="checkbox"/> Centerstage Double Occupancy City View	<input type="checkbox"/> Queen Bed <input type="checkbox"/> Twin Beds
<input type="checkbox"/> Centerstage Single Occupancy City View	<input type="checkbox"/> Queen Bed <input type="checkbox"/> Twin Beds
<input type="checkbox"/> AAA#	<input type="checkbox"/> Marriott #

Select Dates Pre-Cruise

<input type="checkbox"/> 10/13/2023	<input type="checkbox"/> 10/12/2023	<input type="checkbox"/> 10/11/2023	<input type="checkbox"/> 10/10/2023
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PAYMENT BY CREDIT CARD - Please Check Type of Credit Card Below

<input type="checkbox"/> Visa	<input type="checkbox"/> MasterCard	<input type="checkbox"/> American Express	<input type="checkbox"/> Discover
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Your name as it appears on the credit card

Credit Card Number

CVC=Card Verification Code	Expiration Date	Billing Zip Code
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If billing address differs from above address, please list entire address here:

Other comments or instructions:

Signature: _____ Date: _____

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