

PRIMARY GUEST

Name _____ Date of Birth _____ Identification Document _____
 (Passport / ID/ Other)

Street _____ Postal Code _____ City _____ Country _____

Mobile Phone _____ Nationality _____ E-mail _____

No. of Persons _____ Adults (12+)* _____ Children (Under 11.99)* _____

Full Name	Date of Birth	Identification Document (Passport / ID/ Other)
1		
2		
3		
4		

*For registration purposes, guest ages are determined as of the check-in date.

Are you a Louis Hotels Loyalty Member? Yes Membership No. _____

No Would you like to join?

If you wish to receive information from Louis Hotels in regards to offers, promotions and benefits please select the following:

YES NO

By registering, you agree that you have read and accepted the Louis Hotels Terms and Conditions. You can unsubscribe from offers and promotions by changing your subscription preferences in your Loyalty Profile.

Date of Arrival _____ Date of Departure _____ Terms of Stay

 BB HB FB AI

Direct Guest _____

Tour Operator _____

Method of Payment Cash Credit Card

By submitting this form, you agree to the processing of your "Personal Information" by Louis Hotels. Louis Hotels is committed to protect your privacy and your personal data. Our detailed Privacy Policy is available at www.louishotels.com and at the Front Desk of our Hotels. Please read carefully as this describes amongst others, why and how we collect your personal data and provides in detail all relevant information about your rights.

PUBLIC HEALTH HOTEL GUEST CONFIRMATION

The wellbeing of our guests and employees is important to us. To help us maintain a healthy environment for everyone, we kindly ask that you notify Hotel Reception if you or any member of your booking has experienced symptoms such as vomiting, diarrhoea, fever or any other signs of a potentially infectious illness within the last 72 hours, or develops such symptoms at any time during our stay. This information enables us to respond appropriately, reduce the risk of illness spreading and provide support where needed.

If symptoms of an infectious illness arise during your stay, the Hotel may, for public-health reasons recommend remaining in your room for up to 48 hours after symptoms cease, advise seeking medical guidance or professional assessment where appropriate, and temporarily restrict access to certain shared hotel facilities, where reasonably required to protect other guests and staff.

In circumstances where there is reasonable concern of a communicable illness, we may ask you to complete a brief health questionnaire. Any further medical assessment or diagnostic testing (including laboratory samples) will only be requested where necessary, proportionate and with your explicit consent, unless required by applicable public-health law or medical authority. All personal and health-related information will be handled confidentially, processed only for public-health and safety purposes, and in accordance with data-protection legislation including GDPR. You have the right to access, correct or request deletion of your personal data, subject to legal limitations.

Failure to cooperate with reasonable public-health measures may result in restrictions on facility use, in accordance with hotel policy. Where a legal obligation applies under public-health regulations, relevant authorities may be informed in line with statutory requirements.

By signing below, you confirm that you have read and understood this document, and that you will share relevant information with members of your booking and cooperate with reasonable public-health measures if necessary.

PROTECTION OF MINORS FROM ALCOHOL PRODUCTS

I hereby declare that I have been informed that, under Greek law, the sale, supply, or provision of alcoholic beverages to minors is prohibited. I accept responsibility for supervising the minors under my care during our stay at the hotel and for ensuring that they do not obtain, possess, or consume alcoholic beverages. I acknowledge that I am solely responsible for any breach of the applicable legislation or hotel regulations by such minors.

Signature _____ Date _____

FOR OFFICIAL USE ONLY

Room No. _____