



Group GI20171121

From November 21st to 25th 2017

Please complete this form and e-mail it as an attachment directly to the hotel before October 21st 2017.

Single room **CHF 170.-** per room per night.

Double or Twin room **CHF 170.-** per room per night.

Rate include only the room. VAT. City Tax on supplement CHF 3.30 per person per night and 16.00 CHF for the breakfast per person per night.

1. YOUR DETAILS - *Please complete in block capitals*

Family name: _____	Given name: _____
Home address: _____	
Tel (direct line): _____	Fax: _____
E-mail: _____	

2. ROOM REQUIREMENT - *Please choose room type*

<input type="checkbox"/> Single room (one bed 160*200cm)	<input checked="" type="checkbox"/> Ibis Geneve Centre Nations Rue du Grand Pré 33-35 1202 Genève E-mail: H8069@accor.com
<input type="checkbox"/> Double room (one bed 160*200cm)	
<input type="checkbox"/> Twin room (2 single beds 80*200cm)	
Arrival date: _____ Departure date: _____ Number of room night(s): _____	

3. TO GUARANTEE YOUR ROOM - *To confirm the booking a credit card number is mandatory.*

Card type _____	Card number _____
Expiry date _____	Name on card _____
Signature of cardholder _____	
To cancel a guaranteed reservation, you must contact the hotel 7 days before arrival date and obtain a cancellation number; otherwise one room night will be charged.	

4. EASY CHECK-IN – *Optional.*

In order to facilitate your check-in, we thank you to fill in the following information.		
Date of birth: _____	City of Birth : _____	Nationality: _____
Passport N° : _____	Date of issue : _____	Date of Validity : _____

5. CONFIRMATION - *To be completed by the hotel.*

This section will be completed by the hotel and the form returned to your attention.	
We are pleased to confirm the above booking.	
Booking N° : _____	Hotel stamp _____
Date of confirmation : _____	
Hotel staff name : _____	