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| Group “COLLOQUE G3 QUALITE 2016”from 11th October until 15th October 2016 Contact name : Edouard / Eva  *Please complete this form and* ***e-mail it as an attachment directly to the hotel before August 31st 2016.*** |
| Single or Double room 187.15 CHF per room and per night*Extra Night at the public rate subjecting to availability*.*Rate includes room and VAT, Not included the city tax at 2.80 CHF per person and per night, Full Continental Breakfast in option at 16 CHF per meal and per person.* |

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

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Family name:** | | | |  | | **Given name:** | |  |  |
| **Organisation:** | | |  | | | | | |  |
| **Address:** | |  | | | | | | |  |
| **Tel (direct line):** | | | | |  | **Fax:** |  | |  |
| **E-mail:** |  | | | | | | | |  |
|  | | | | | | | | | |

**2. ROOM REQUIREMENT** - *Please choose room type*

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | Single occupancy room (one bed 160\*200cm) | | | |  |  | | | |
|  | Double occupancy room (one bed 160\*200cm) | | | |  | Ibis Geneve Centre Gare  Rue Voltaire 10  1201 Genève | | | |
|  |  | | | |  | **E-mail:** [H2154@accor.com](mailto:H2154@accor.com) | | | |
| 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 14 days before arrival date and obtain a cancellation number; otherwise one room night will be charged. | | | | | | |

**4. EASY CHECK-IN** – *Optional.*

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| --- | --- | --- |
| **In order to facilitate your check-in, we thank you to fill in the following information.** | | |
|  | | |
| Date of birth: | City of Bith : | Passport N° : 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. | | | |
|  | |  | Hotel stamp |
| Date of confirmation | |  |  |
| Hotel name |  | |  |
|  | |  |  |