



ROOM RESERVATION FORM

EMF SEMINAR

From September 21st to September 27th 2009 – Mrs Iemmello-Clavadetscher

Please send or fax this form duly completed (type written or print) before **August 24th, 2009** :

Reservations Dept. Tel. + 41 22 309 50 06 – Fax +41 22 309 50 05

Email: reservation@ramadaencoregeneve.ch

LAST NAME _____

FIRST NAME _____

ADDRESS

Street: _____

Tel: _____

City: _____ Postal Code: _____

Fax: _____

Country: _____

Email: _____

ROOM TYPE TO BE BOOKED:

Standard CHF 180.-* Single ☐ Smoking ☐
 CHF 205.-* Double ☐ Non
 Sm. ☐

Subject to CHF 2.95.- city tax per person, per night
 Buffet Breakfast : Included

ARRIVAL DATE: _____

DEPARTURE DATE: _____

ARRIVAL TIME : _____

In order to guarantee your reservation, please provide the following information :

Amex ☐ Visa ☐ Mastercard ☐ Other ☐ _____

Number _____ Expiry Date : _____

In case of no-show (failing to occupy the booked room without cancellation before 4pm the day of the arrival) one night will be charged. Cancellation possible until 4 pm the day of arrival.

Without guarantee, your room will be automatically cancelled at 4pm on the arrival date.



SIGNATURE:

DATE:

HOTEL CONFIRMATION

We have the pleasure to confirm your reservation ☐ N° of confirmation:

Reservation agent: _____ Date : _____