



Ibis Geneva Airport

HOTEL RESERVATION FORM

Please e-mail or fax this form to the Ibis Hotel directly:

E-mail: h3535@accor.com ; Fax: +41 22 710 9595

Booking reference :

ISO

22/09 to 30/09/2018

1. YOUR DETAILS - *Please complete in block capitals using black ink.*

| | |
|---------------|-------------|
| Family name: | Given name: |
| Address: | |
| Phone Number: | |
| E-mail: | @ |

2. ROOM REQUIREMENT-

| | |
|---|--------------------|
| Date of arrival : | Date of Departure: |
| Number of people: | |
| Week rate (from Monday to Thursday) : CHF 220,00 | |
| Weekend rate (from Friday to Sunday) : CHF 117,00 | |
| City Tax is not included in the room rate : CHF 2,80 per person and per night | |
| Breakfast is not included in the room rate : CHF 16,00 per person | |

3. TO GUARANTEE YOUR ROOM -

| | |
|---|--------------|
| Card Type | Card number |
| Expiry date | Name on card |
| Signature of cardholder | |
| Without a valid credit card, your reservation will not be confirmed. | |

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

This section will be completed by the hotel, which will then return it to your attention.
We are pleased to confirm the above booking.

| | |
|----------------------|-------------|
| Reservation number | Hotel stamp |
| Date of confirmation | |