

Ramada Park Hotel Geneva

SICAAAM – 27th to 29th November 2009

Room Reservation Form

1. GUEST INFORMATION

Family name : Mrs / Ms / Mr _____ First Name : _____

Company / Organisation: _____

Address: _____

Tel (direct line): _____ Fax : _____

Email: _____

2. ROOM RESERVATION

Arrival date: _____ Departure date: _____

_____ room(s), single occupancy: **CHF . 210.00** per night, with breakfast included

_____ room(s), double occupancy: **CHF . 245.00** per night, with breakfast included

Service and VAT included. City Tax: CHF. 3.60 per person and per day in supplement

Check-in time: _____

3. ROOM GUARANTEE (Mandatory)

To ensure your accommodation, please complete this reservation form with full details and fax it to the Ramada Park Hotel Geneva before 10th October 2009 Fax.(+41)22 71 38 65.After this date, room reservations are subject to availability.

Credit Card name: _____ Card number: _____

Expire date: _____ Name of cardholder: _____

Signature of cardholder: _____

I authorize the Ramada Park Hotel Geneva to charge one room night on my credit card for any cancellation after 10th November 2009 and for any no show.

HOTEL CONFIRMATION (To be completed by the hotel and send back to the guest)

We are pleased to confirm the above booking. Reservation number: _____

Rooms at the above indicated rates are not available anymore.
We can propose you a _____ room at the rate of CHF. _____.

Please, return this fax for acceptance (fax: +41 22 710 3865)

We regret to inform you that the hotel is fully booked and that your reservation cannot be accepted.

Date: _____ Hotel stamp and signature: _____

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