

ACCOMMODATION RESERVATION FORM

Geospatial World Forum 2014

Hotel ref: **KCD**

Please send this form duly completed (type written or print) **before April 04th, 2014**

Reservations Dept. Tel. + 41 22 919 32 61 – Fax +41 22 919 32 54

Email: reservations@intercontinental-geneva.ch

Confirmation is subject to availability

LAST NAME _____

FIRST NAME _____

ADDRESS

Street: _____

City: _____ **Postal Code:** _____

Country: _____

Tel: _____

Fax: _____

Email: _____

COMPANY : _____

ROOM TYPE TO BE BOOKED:

Superior room	CHF 360.- single	<input type="checkbox"/>
Superior room	CHF 410.- double	<input type="checkbox"/>
Executive room	CHF 460.- single	<input type="checkbox"/>
Executive room	CHF 510.- double	<input type="checkbox"/>
Lake Geneva Suite	CHF 560.- single	<input type="checkbox"/>
Lake Geneva Suite	CHF 610.- double	<input type="checkbox"/>

ARRIVAL DATE: _____

DEPARTURE DATE: _____

ARRIVAL TIME : _____

Rates are per room & per night and include buffet breakfast,
 VAT and free WIFI internet connection.
 Subject to CHF 4.75 city tax per person, per night.

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

Amex Visa Eurocard Other _____

Number _____ Expiry Date : _____

Card Holder Name _____

A one night fee will be charged to the credit card in case of cancellation less than 72 hours prior to the anticipated arrival date or in case of no show. *Cancellation possible until 4 pm 72 hours prior arrival day.*

SIGNATURE: _____

DATE: _____

HOTEL CONFIRMATION

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

Reservation agent: _____ Date : _____