



Please complete this form and **fax it or e-mail it as an attachment directly to the hotel.**

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

<input type="checkbox"/> Single room <input type="checkbox"/> Double room	<input checked="" type="checkbox"/> <p>Hôtel Ibis Petit-Lancy Chemin des Olliquettes 8 1213 Genève Petit-Lancy Fax: +41 22 709 02 10 Phone : +41 22 709 02 00 E-mail: h7289@accor.com URL: http://www.ibis.com/7289</p>
Arrival date: _____ Departure date: _____ Number of room night(s): _____	

3. TO GUARANTEE YOUR ROOM

All reservations must be guaranteed with a credit card.

Card company _____	Card number _____
Expiry date _____	Name on card _____
Signature of cardholder _____	
To cancel a guaranteed reservation, you must contact the hotel 48 hours before arrival date and obtain a cancellation number; otherwise whole booked amount will be charged on credit card.	

4. 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 _____	