



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 pax number

<input type="checkbox"/> Standard room for 1/2/3 person(s) : PLEASE INDICATE NUMBER OF PERSONS : _____	<input checked="" type="checkbox"/> Hôtel Ibis Budget Petit-Lancy Chemin des Olliquettes 6 1213 Genève Petit-Lancy Fax: +41 22 702 02 20 E-mail: h7291@accor.com URL: http://www.ibis.com/7291
Arrival date: <u>04/05/2014</u> Departure date: <u>09/05/2014</u> Number of room night(s): <u>5</u> You can't check/in after 04/05 nor check/out before 09/05	

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 _____	