

ACCOMMODATION RESERVATION FORM

EUROPEAN BROADCASTING UNION – 17TH – 20TH APRIL 2013

Hotel ref.: **ILI**

Please send or fax this form duly completed (type written or print) before **March 27th 2013**:
 Reservations Dept. Tel. + 41 22 919 32 61 – Fax +41 22 919 32 54
 Email: reservations@intercontinental-geneva.ch

LAST NAME _____ **FIRST NAME** _____

ADDRESS

Street: _____

City: _____ **Postal Code:** _____

Country: _____

Tel: _____

Fax: _____

Email: _____

COMPANY : _____

ROOM TYPE TO BE BOOKED:

Superior room CHF 305.- single

Rates are per room & per night and include VAT
 Subject to **CHF 4.75** city tax per person, per night
 Buffet breakfast **CHF 46.-** per person per day

ARRIVAL DATE: _____

DEPARTURE DATE: _____

ARRIVAL TIME : _____

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

Amex Visa Eurocard Other _____

Number _____ Expiry Date : _____

In case of no-show (failing to occupy the booked room without cancellation prior to 48 hours before arrival date) one night will be charged. Cancellation possible until 4 pm, 48 hours prior to arrival day.

SIGNATURE: _____ **DATE:** _____

HOTEL CONFIRMATION

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

Reservation agent: _____ Date : _____