

TAKE A MOMENT...

Reservation Form

Cern Systems RADECS – From October 1st to October 6th 2017
Référence BR2744210

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 : _____	Check-in time : _____
_____ room(s), single occupancy:	CHF 210.- per night	
_____ room(s), double occupancy:	CHF 245.- per night	
Breakfast: American Buffet breakfast served in our restaurant le Jardin: Included		
Service and VAT included. City Tax: CHF 4.00 per person and per day in supplement		

3. ROOM GUARANTEE (Mandatory)

To ensure your accommodation, please complete this reservation form with full details and fax it to the Crowne Plaza Fax: +41 (0)22 710 38 65, Email: resa@cpgva.ch before **September 11th 2017**. After that date, reservations are subject to availability

Credit Card type: _____	Card number: _____
Expiry date: _____	Name of cardholder: _____
Signature of cardholder: _____	
I authorize the Crowne Plaza Geneva to charge one room night to my credit card for any cancellation 24 hours before arrival 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 (0)22 710 38 65)
- We regret to inform you that the hotel is fully booked and that your reservation cannot be accepted.

Date: _____ Hotel stamp and signature: _____

CROWNE PLAZA GENEVA

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