



**Group SIGEF 2014
from 21st October 2014 until 25th October 2014.**

Contact name : Edouard

Please complete this form and **e-mail it as an attachment directly to the hotel before 15 September 2014**

Single room at 167.80 CHF per room // Double room at 186.60 CHF per room

Rate includes room, breakfast, city tax and VAT.

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 (one bed 160*200cm)	<input checked="" type="checkbox"/> Ibis Geneve Centre Gare Rue Voltaire 10 1201 Genève E-mail: H2154@accor.com
<input type="checkbox"/> Double room (one bed 160*200cm)	
Arrival date: _____ Departure date: _____ Number of room night(s): _____	

3. TO GUARANTEE YOUR ROOM - To confirm the booking a credit card number is mandatory.

Card type _____	Card number _____
Expiry date _____	Name on card _____
Signature of cardholder _____	
To cancel a guaranteed reservation, you must contact the hotel 7 days before arrival date and obtain a cancellation number; otherwise one room night will be charged.	

4. EASY CHECK-IN - Optional.

In order to facilitate your check-in, we thank you to fill in the following information.

Date of birth: _____	City of Birth : _____	Passport N° : _____	Validity : _____
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5. 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 _____	