

Reservation Form

IFRC Red Cross Red Crescent Histories– June 11th to June 15th, 2019

Bloc code: E4Q

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 200.- per night, with breakfast included			
_____ room(s), double occupancy:		CHF 230.- per night, with breakfast included			
Service and VAT included. City Tax: CHF 4.00 per person and per day in supplement (<i>might be subject to modification</i>)					

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 : gvacp.groupsevents@ihg.com before **21.05.2019**. After that date, reservations are subject to availability.

Credit Card name: _____		Card number: _____	
Expire date: _____		Name of cardholder: _____	
Signature of cardholder: _____			
I authorize the Crowne Plaza Geneva to charge one room night on my credit card for any cancellation 48 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: _____