

ROOM RESERVATION FORM
ACC EUROPE ANNUAL CONFERENCE – 07-09 JUNE 2009

HOTEL REF.: MSJ

Please send or fax this form duly completed (type written or print) before May 06th, 2009
 (space subject to availability)

To 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: _____

Tel: _____

City: _____ **Postal Code:** _____

Fax: _____

Country: _____

Email: _____

COMPANY : _____

ROOM TYPE TO BE BOOKED:

Classic room CHF 405.- single

CHF 465.- double

Superior room CHF 435.- single

CHF 495.- double

Junior suite On request

Rates are per room & per night and include **buffet breakfast*** and VAT

(*taken in the exhibition on June 08th & 09th)

Subject to 4.25 city tax per person, per night

ARRIVAL DATE: _____

DEPARTURE DATE: _____

ARRIVAL TIME : _____

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

Amex Visa Eurocard/Master card Other _____

Number _____ Expiry Date : _____

*One night will be charged in case of cancellation less than 30 days before arrival.
 In case of no-show the entire stay booked will be charged (room and breakfast).*

SIGNATURE: _____

DATE: _____

HOTEL CONFIRMATION

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

Reservation agent: _____ Date : _____