



HOTEL RESERVATION FORM

Please e-mail or fax this form to the Ibis Hotel directly:

E-mail: h3535@accor.com ; Fax: +41 22 710 9595

SPE 2020

18/03 -> 20/03

1. YOUR DETAILS - Please complete in block capitals using black ink.

Family name: _____	Given name: _____
Adress: _____ _____	

Fax (for confirmation): _____	
E-mail: _____	

2. ROOM REQUIREMENT

Single or Double : 170.-chf per night and per room (incl.VAT)	buffet breakfast Included in the price on a single occupancy basis. Additional person's breakfast cost = 15.-chf per day
	<input type="checkbox"/> Number of people : _____
	The city tax is 3.75 chf per person and per day
Arrival date: _____	Departure date: _____
Number of room night(s): _____	

3. TO GUARANTEE YOUR ROOM –

Card company _____	Card number _____
Expiry date _____	Name on card _____
Signature of cardholder _____	

4. CONFIRMATION - To be completed by the hotel.

This section will be completed by the hotel, which will then return it to your attention.	
We are pleased to confirm the above booking.	
Reservation number _____	Hotel stamp _____
Date of confirmation _____	_____

ibis Genève Aéroport

10 Chemin de la Violette - CH-1216 COINTRIN - Switzerland

+41(0) 22 710 95 00 - +41(0) 22 710 95 95

H3535@accor.com