

TAKE A MOMENT...

Reservation Form

FDI World Dental Federation – May 18th to 20th, 2018

Bloc code: AFT

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 190.- per night, with breakfast included	
_____ room(s), double occupancy:	CHF 225.- per night, with breakfast 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 : gvacp.groupsevents@ihg.com before **26.04.2018**. 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 : _____

CROWNE PLAZA GENEVA

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