

ROOM RESERVATION FORM
WIPO (JULY 16TH UNTIL JULY 19TH)

Hotel ref.: OZH

Please send this form duly completed (type written or print) before **June, 30th** to:
 Reservations Dept. - Fax +41 22 919 32 54 or E-mail: reservations@intercontinental-geneva.ch
 (From August 27th, 2007, rooms and rates subject to availability)

LAST NAME _____

FIRST NAME _____

ADDRESS
Street: _____

City: _____ **Postal Code:** _____

Country: _____

Tel: _____

Fax: _____

Email: _____

COMPANY : _____

ROOM NEEDED :
 Smoking room Non-Smoking room

Classic Single room CHF 330.-

Classic Double room CHF 380.-

Rate is per night including service and VAT.

City tax CHF 4,25 per person and per night in supplement

American Buffet Breakfast : CHF 42.- in supplement

ARRIVAL DATE: ____/____/2008

DEPARTURE DATE: ____/____/2008

ARRIVAL TIME : ____:____

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

 Amex Visa Mastercard Other _____

Number _____ Expiry Date : _____

Card Holder Name _____

*In case of no-show or late cancellation (Cancellation without fee prior to 72 hours before arrival date)
 one night penalty will be charged.*

NOTE :

As soon as we receive your request, a written confirmation will be sent to you.
 Thank you for your interest in our property

SIGNATURE: _____

DATE: _____