



Hotel Les Nations Geneva - Room Reservation Form

Ref: "WIPO Workshop for Mediators" / from 05th to 08th Mai 2010

BOOKINGS MUST BE DONE BEFORE 04TH of April 2010.

1. GUEST INFORMATION

Family name: Mrs. /Ms / Mr. _____ First name: _____

Company / Organization: _____

Address: _____

Tel (direct Line): _____ Fax: _____

Email: _____

2. ROOM RESERVATION

Arrival date: _____ Departure date: _____

These rates are only available for this group reservation

Double Room for single use CHF 239.00

Smoking _____ Non Smoking _____ Arrival time _____

These rates are in Swiss Francs, per room, per night. Buffet breakfast, VAT & Service Included

City Tax: CHF 3.60 per person, per night.

Upon arrival our Front Desk Staff will provide you with a free transportation pass which is available for all public transports within Geneva during your whole stay.

3. BOOKING GUARANTEE (Mandatory to reserve the room)

You are granted with a special rate. To ensure your accommodation, please complete this reservation form with full details and fax it to Hotel Les Nations: Fax. +41 22 734 3884.

Room reservations are subject to availability.

Credit Card Name: _____ Visa _____ MasterCard _____ Amexco _____ Diners Club _____

Card Number: _____ CVV code* _____

Expiry date: _____ Name Card Holder: _____

Signature of cardholder: _____

*Card Verification Value: the last 3-4 figures which are situated on the backside of your card

Credit cards will be verified with a reservation code. Invalid credit card numbers will cancel and no longer hold the reservation.

I authorize the Hotel Les Nations to charge 1 room night for any cancellation made less than 5 days prior arrival date reserved or due to any no-show.

HOTEL CONFIRMATION (TO BE COMPLETED BY THE Hotel and sent back to the guest)

- We are pleased to confirm the above booking request. Reservation number: _____
- We regret to inform you that the hotel is fully booked and that your reservation cannot be accepted.

Date: _____ Hotel Stamp and signature: _____