

**HOTEL RESERVATION FORM**  
**HOTEL & CASINO MÖVENPICK GENEVA**  
**CMT**

**Block Booking Ref: 614216**  
**Event date: 18.05.10 / 20.05.10**

<b>Family Name :</b> _____	<b>Given Name :</b> _____
<b>Tel :</b> _____	<b>Fax :</b> _____
<b>E-mail :</b> _____	

**Reservation**

**Cut off date to guarantee rate and room : 18.04.10**

After this date all booking requests will be upon availability.

<b>Arrival date :</b>	<b>Departure date :</b>
Single room : <b>(CHF 350.-)</b>	
Supplement city tax at CHF 4.25	Buffet Breakfast included
<input type="checkbox"/> Non smoking	Arrival time : _____
<input type="checkbox"/> Smoking	

**Guarantee**

I wish to guaranty my booking and herewith authorize Moevenpick Hotel & Casino Geneva to deduct my credit card in case of a no show or a late cancellation (Until day of arrival before 16.00 hrs).	
Card number : _____	Expiry date : _____
Signature of cardholder : _____	

**Confirmation**

This section will be completed by the hotel and sent back to you by fax or e-mail	
We are pleased to confirm the above booking.	
Reservation number : _____	Hotel stamp
Date of confirmation : _____	

Free shuttle bus from airport to hotel from 05:40 to 23:40. Check in from 14:00 Check out till 12:00  
For more information please visit our internet site [www.moevenpick-geneva-airport.com](http://www.moevenpick-geneva-airport.com)

Note: \_\_\_\_\_