

Please complete this form and **fax it or e-mail it as an attachment directly to the hotel**

1. YOUR DETAILS - Please complete in block capitals

Family name: _____ **Given name:** _____
Organisation: _____
Address: _____
Tel (direct line): _____ **Fax:** _____
E-mail: _____

2. ROOM REQUIREMENT

- Single room for 1 person(s)
 Double room for 2 person(s)
 Triple room for 3 person(s)

Hôtel Park & Suites Élégance Genève Aéroport
11 Avenue des Sablonnières
01210 Ferney Voltaire / France
Fax: +33 4 50 40 83 00
E-mail: seminaire.geneve@appartcity.com

Arrival date: _____ Departure date: _____ Number of room night(s): _____

Room rate per night (GLOBALSKIN 15-17 SEPTEMBER 2017):

115 € per night per single room (including city tax and breakfast)
 127 € per night per double room (including city tax and breakfast)
 139 € per night per triple room (including city tax and breakfast)

3. TO GUARANTEE YOUR ROOM

All reservations must be guaranteed with a valid credit card.

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 and the form returned to your attention.

We are pleased to confirm the above booking.

_____ Hotel stamp
 Date of confirmation _____
 Hotel name _____

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