



Reservation form (page 1/2)

Reference of the event: SSMI/SSInf/SSHH/SSPTC/CISI, 2.-4.9.2010

Company name:

Guest name:

Guest first name :

Contact person :

Email address :

Phone number:

Arrival date: (dd/mm/yy): ____/____/____

Departure date: (dd/mm/yy): ____/____/____

To be filled by the hotel : rates are in CHF, per night/per room breakfast included, city tax charge extra (CHF 3.10 / night / adult):

Single : CHF 315.--

Double: CHF 395.--

Number of rooms needed:

Single

Double

5, Av. Benjamin-Constant Case postale 6436 CH-1002 LAUSANNE (SUISSE)

Téléphone : ++41 (0) 21 310 71 71 Téléfax : ++41 (0) 21 310 71 72

www.hoteldelapaix.net

info@hoteldelapaix.net



Reservation form (page 2/2)

Credit card guarantee :

Visa Eurocard Amex Diners

Number : _____ / _____ / _____ / _____

Expiring date (mm/yy) : _____ / _____

Reservation and cancellation policy :

Availability is guaranteed until May 31st 2010. After this date reservation will be subject to availability and will be effective only after confirmation from the hotel.

Cancellation can be made free of charge until 48h00 before arrival date. In case of a later cancellation, first night will be charged.

Confirmation by the hotel

Date:

Stamp / signature:

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