

ROOM RESERVATION FORM



Please return this form to our reservation's email address : reservation@hdlge.ch

GUEST DETAILS

Family Name _____	First Name _____
Company _____	E-Mail _____
Address _____	
Telephone _____	

ROOM RESERVATION

Arrival Date _____	Departure Date _____
_____ Single room (1 pax)	Rate 195 CHF per night
_____ Double room (2 pax)	Rate 210 CHF per night
_____ Twin room (2 pax)	Rate 210 CHF per night

(non contractual pictures)

Service-VAT- Breakfast included
City tax in supplement : CHF 4.25 per person and per night

GUARANTEE

Credit card number _____	
Expiry date _____	Name of the Holder _____
Signature of the holder _____	

Cancellation free of charge until 30 days prior to arrival. In case of late cancellation or no show, the full reservation will be charged.

Rue Butini 7
1202 Genève
0 22 716 48 48
reservation@hdlge.ch