



OMS GROUP

From 23 03/until 28/03/2019 please book your room before February 16th 2019

Contact: Stephanie Jourdan

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

1. YOUR DETAILS - Please complete in block capitals

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

2. ROOM REQUIREMENT - Please choose room type

Single room	Double or twin room
23: 166.25+3.3chf	23:166.25+6.6chf
24: 166.25+3.3chf	24:166.25+6.6chf
25: 237.50+3.3chf	25:254.60+6.6chf
26: 237.50+3.3chf	26:254.60+6.6chf
27: 237.50+3.3chf	27:254.60+6.6chf

Arrival date: _____	Departure date: _____
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3. TO GUARANTEE YOUR ROOM - To confirm the booking a credit card number is mandatory.

Card type	_____	Card number	_____
Expiry date	_____	Name on card	_____
Signature of cardholder		_____	

To cancel the reservation, you must contact the hotel within 15 days before the arrival date and obtain a cancellation number; otherwise the stay be charged.

4. EASY CHECK-IN – Optional.

In order to facilitate your check-in, we thank you to fill in the following information.

Date and city birth:	Home address:	Passport N° :	Validity
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5. 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.		
Date of confirmation	_____	Hotel stamp
Hotel name	_____	
_____	_____	