



**OMS GROUP**

**From 23 03/until 28/03/2019 please book your room before February 16<sup>th</sup> 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**

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

**2. ROOM REQUIREMENT - Please choose room type**

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

  

<b>Arrival date:</b> _____	<b>Departure date:</b> _____
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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	_____	
_____	_____	