



Conference LINAC14 from Sunday August 31st 2014 until Friday September 5th 2014

Please complete this form and e-mail it as an attachment directly to the hotel before July 31st 2014

1. YOUR DETAILS - Please complete in block capital letters

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

2. HOTEL – Please select the hotel of your choice and send your confirmation to the concerning hotel's email address

<input type="checkbox"/> Ibis Genève Centre Gare Rue Voltaire 10 / 1201 Geneva H2154@accor.com	<input type="checkbox"/> Ibis Genève Centre Nations Rue du Grand Pré 33-35 / 1202 Geneva H8069@accor.com
<input type="checkbox"/> Novotel Genève Centre Rue de Zürich 19 / 1201 Geneva H3133@accor.com	<input type="checkbox"/> Ibis Genève Petit-Lancy Chemin des Olliquettes 8 / 1213 Geneva H7289@accor.com
	<input type="checkbox"/> Adagio Genève Mont Blanc Rue Thalberg 4 / 1201 Geneva H8902@adagio-city.com

2. ROOM REQUIREMENT – please select the number of persons you will be and fill out your arrival and departure dates

<input type="checkbox"/> Double room for single use – 1 person	<input type="checkbox"/> Double room for double use – 2 persons
Arrival date: _____ Departure date: _____ Number of room night(s): _____	

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 a guaranteed reservation, you must contact the hotel 24 hours before arrival date and obtain a cancellation confirmation; otherwise one room night will be charged.	

CONFIRMATION BY THE HOTEL (to be filled out by the hotel) – The hotel will re-confirm the availability of your room

RESERVATION CONFIRMED

YES

NO (comments):

Hotel reservation department:

Date: