

ROOM RESERVATION FORM

Street medicine Symposium - October 18th -October 22nd 2016

GUEST DETAILS

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

ROOM RESERVATION

Arrival Date _____	Departure Date _____
_____ Studio	Twin room (2 personnes) Rate 188 CHF per night
_____ Executive	Twin room (2 personnes) Rate 228 CHF per night
_____ Apartment	Triple room (3 personnes) Rate 310 CHF per night
_____ Apartment	Quadruple roo (4 personnes) Rate 340 CHF per night
Service-VAT- Breakfast included	
City tax in supplement : 3.30F per person and per night	

GARANTIE

Credit card _____	Number _____
Expired date _____	Name of the Holder _____
Signature of the holder _____	
I autorise the Sagitta hotel to debit my credit card the fist night as a guarantee	
In case of cancellation 1 month prior to arrival or no show the full stay will be charged	

