

**AMERON HOTEL FLORA, LUZERN reservation form**  
18TETRA&IFESS Congress

**PERSONAL DETAILS:**

**FIRST NAME:** \_\_\_\_\_ **LAST NAME :** \_\_\_\_\_

**BILLING ADDRESS**

**COSTUMER:** \_\_\_\_\_

**Country :** \_\_\_\_\_ **State/ Province:** \_\_\_\_\_ **Zip code:** \_\_\_\_\_

**City:** \_\_\_\_\_ **Address:** \_\_\_\_\_

**Phone number:** \_\_\_\_\_ **Fax: number:** \_\_\_\_\_

**E-mail address:** \_\_\_\_\_

**RESERVATION DETAILS**

**Arrival :** \_\_\_\_\_ **Departure :** \_\_\_\_\_ **Number of nights:** \_\_\_\_\_

**Type of room:** \_\_\_\_ single \_\_\_\_ double/twin

**Breakfast:** \_\_\_\_ yes \_\_\_\_ no (Additional price: 15 CHF / person / day)

**Price: 200 CHF / single / night**

**Price: 220 chf / double or twin room/ night**

The bedrooms can be reserved until **2018 June 26** After this date all reservation is taken on request up to availability.

*Any cancellation or modification must be confirmed in written.*

\*VAT is included in the price . The City Tax is extra to pay (**4.4 CHF** per night/person)

**GUARANTEE DETAILS:**

**Method of payment:** \_\_\_\_ Credit Card

**Type of credit card:**

VISA  MasterCard  American Express

**Card number:** \_\_\_\_\_ **Expiry date:** \_\_\_\_\_

**Cardholder:** \_\_\_\_\_ **Signature:** \_\_\_\_\_

*Please send this application form back to the following e-mail address until the 2018 June 26.*

**e-mail:** reservation@flora-hotel.ch

**web:** www.ameronhotels.com/en/hotel-flora-lucerne