

RESERVATION FORM
TETRA & IFESS Congress

PERSONAL DETAILS:

FIRST NAME: _____ **LAST NAME :** _____

BILLING ADDRESS

COMPANY: _____

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

Price: CHF 140.60 / single room / night incl. Breakfast

Price: CHF 213.20 / double room/ night incl. Breakfast

Rate includes Swiss breakfast buffet, free wifi access, the use of citybikes, free entrance to the swimming pool from the neighboring Swiss Paraplegic Centre, parking, service, VAT, as well as resort fee and taxes.

GUARANTEE DETAILS:

Method of payment: ____ Credit Card

Due to the restrictions of the reservation, all single booking must be prepaid. The given credit card is being charged 30 days prior to arrival.

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.

e-mail: info@hotelsempachersee.ch

web: <http://www.hotelsempachersee.ch/en/>