



HOTEL BOOKING FORM

PLEASE RETURN THIS FORM TO THE BEST WESTERN HOTEL CHAVANNES-DE-BOGIS
Fax n°: +41 22 960 81 88 or @: reservation@hotel-chavannes.ch

RESERVATION BLOCK : Association OVAutisme

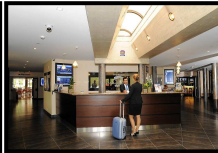
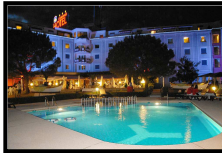
Last Name: _____ First Name: _____

Address: _____

Postal Code: _____ City: _____ Country : _____

E-mail: _____

Phone : _____ Mobile : _____ Fax : _____



- Free shuttle between the hotel & the airport
- Free Parking (200 spots)
- Free WIFI in the all hotel
- Restaurant (breakfast: 6:30am-10:00am – lunch: 12h00-2:00pm – dinner: 7:pm-10:pm)
- Bar (open every day 6:pm-1:am)
- Massage & beauty parlour

I wish to reserve _____ single room at 105.00 chf, buffet breakfast included
 _____ double room at 105.00 chf, buffet breakfast included
 (Preferential rates available only for OVAutisme training)

Arrival date: _____

Departure date: _____ N° of nights: _____

The above rates are per room per night including breakfast, TVA and service.
 Visitor's Tax: 3.-chf per day per person not included
 The rooms are available for check-in 3.00pm, check-out 12:00 noon.

Free shuttle service Airport↔Hôtel on request :

Arrival date: _____ Flight N° : _____ Flight arrival time: _____

Credit card details (to guarantee your booking no debit on your card)

Card type: _____

Credit card N°: _____ Expiry Date : _____

Please be informed that your reservation can only processed if credit card details are filled in.

Cancellation charges: You may cancel your reservation without charges until 6pm on the arrival date. In case of cancellation after 6pm or in case of no-show, we will debit your credit card with one night room charge.

Date: _____

Signature: _____

To be completed by the hotel :

Confirmation N°: _____

Booked by: _____

Date : _____