

BASEL

Reservations Form for "Clinical Project Management" from 22nd until 24th of September 2010

Please send this sheet by **24th of August 2010** at the latest to the number +41 (0)61 560 44 08

Mr Mrs

Surname _____

First Name _____

Address _____

Post code, City _____

Country _____

Telephone number _____

Fax number _____

E-Mail _____

I would like to make the following reservation:

Arrival date 20th of September 2010 21st of September 2010 22nd of September 2010

Departure date 24th of September 2010 25th of September 2010

Room Type single room à CHF 249.— including breakfast per night
 double room à CHF 279.— including breakfast per night (2 persons)

These rates include service and VAT. We additionally charge CHF 3.20 per person per night for the City Tax.

Special requests: smoking non smoking others: _____

Guarantee: Please guarantee my reservation with my creditcard:
 (All bookings without a guarantee are reserved until 6 p.m. on arrival date, thereafter the bookings will be cancelled.)

Card type AMEX VISA Diners Eurocard

Card number _____ Expiry date _____ / _____

Please fax this form to the hotel directly. The form will be sent by the hotel back with a confirmation number. All changes have to be made in writing. A free charge cancellation is possible up to 6 pm on the arrival day. For late cancellations or no shows the first night including all booked services will be charged. A No Show means the cancellation of all nights.

date& signature _____

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to be filled in by hotel:

confirmation number _____

room rate CHF per room per night

comments _____

company, stamp, date, Signature _____