



HOTEL APPLICATION FOR EXHIBITORS

COMPANY/AGENCY:

CONTACT PERSON:

STREET:

ZIP CODE/CITY:

PHONE:

FAX:

E-MAIL:

This application is submitted for the following Company: _____

NUMBER OF ROOMS PER HOTEL CATEGORY:

Category	No. of Rooms	Arrival Date	Departure Date
5* Hotel		/09/2012	/09/2012
4* Hotel		/09/2012	/09/2012

PREFERRED ROOMTYPES:

Hotel Preferences:

1st Choice:

2nd Choice:

3rd Choice:

Special Requirements:

(hotel style, off site dinners, transfers etc..)

Name:

Company/Agency:

Date:

Signature:

All bookings are subject to a 3% handling fee.

Payment Terms Room Allotment

In order to guarantee your reservation we kindly request you to make a deposit of:

10 % of the total value due upon signing of this contract (non refundable)

70 % of the total value due until May 5th, 2012

20% of the total value due until July 10th, 2012

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