

Telefax Reservation Form



Leonardo Hotel Rigihof (**)**
 Universitätsstr. 101
 8006 Zürich
 www.leonardo-hotels.com
 E-Mail: info.zuerich@leonardo-hotels.com
 Tel.: +41 (0)44 360 12 00

| | | | |
|------------------------|------------------------------|---------------------------------------|------------------------|
| Fax to: | +41 (0)44 360 12 07 | Booking code: | EMC Zurich 2009 |
| Availability of rooms: | January 10 – 18, 2009 | | |
| Price information | Single room | CHF 180/215 breakfast included | |
| | Double room | n.a. | |

I/We would like to book

..... single room(s)
 Arrival date:
Arrival time:

..... double room(s)
 Departure date:

..... double room(s)
 Arrival date:
Arrival time:

..... double room(s)
 Departure date:

| | | | |
|------------------|---|--------------------------------------|-----------------------|
| Name and address | | | |
| | Family name | Personal name | Company / Institution |
| | | | |
| | Family name | Personal name | Company / Institution |
| | Phone: | Fax: | Email: |
| Special requests | <input type="checkbox"/> smoking | <input type="checkbox"/> non-smoking | |
| | <input type="checkbox"/> other (specify): | | |

| | | | |
|------------------------|--|---|---------------------------|
| Method of Payment | Your reservation can only be processed when credit card details are given. Payment is due upon departure. | Credit card: | Credit card number: |
| | | _____ Credit card holder: | _____ Expiration date: |
| Changes in reservation | | All changes/cancellations must be made in writing | |

| | | |
|-------|-------|-----------|
| _____ | _____ | _____ |
| Date | Stamp | Signature |