

## HOTEL BOOKING FORM

HOILE BOOKING FORM		
Family name: Given name:		Title:
Address:		
ZIP Code: CITY:		Country:
E-mail address:	ne:	Fax:
Hotel booking for <b>EVENT IN JANURARY 2019</b> " at (Tuesday, 8 <sup>th</sup> January 2019, to Friday, 11 <sup>th</sup> January 2019".	•	
We offer rooms under this key word until we say stop These room rates will only be given you with this So, please make your booking now with this form Send this form transformed into a PDF FILE by e-mail t No internet channel nor our home page bookin	paper: n! o us or give as a call with the g will have these rates.	
Change of rates of direct made reservation car The room rates are quoted per room and night in CH (Buffet opens at 06:00 and closes at 09:30 am sharp.) A city tax of CHF 2.50 per person and night will be ac Please mark clearly in the "O" your request:	F (Swiss Francs) and do have	
O single room: CHF 120.00 (Friday -, Saturday -, Sunday night) CHF 152.00 (Monday -, Tuesday , Wednesday -, Th Number of single rooms:	nursday night)	
O double room: CHF 155.00 (Friday -, Saturday - Sunday night) CHF 187.00 (Monday -, Tuesday -, Wednesday -, T Number of double rooms: SPECIAL request: O double room with 2 beds (ea O double room with Queen size Marking no special request will be automatically No changes of confirmed room type on arrival do Double room / twin bed room to share with: Family name:	ch 90 x 200 cm) bed (140 x 200 cm) a queen size bed. y can be done.	
Arrival day (day /month/ year):	(0	CHECK IN AFTER 02:00 PM)
Number of nights:	·	·
Arrival time: Flight no.:	Train fron	า:
ROOMS must be guaranteed by a credit card.  IF not, any not guaranteed reservation will be a 48h before check in time 02:00 PM:  Credit card no:		
Expiry date:		
Security code:		
Family name an given name of CC-holder:		
CANCELLATION AND No-Show POLICY OF GUARANTE The reservation must be cancelled directly with the Hwell as you do not arrive, a fee of 80% of the room ro	lotel. If the reservation is canc	
Confirming of correct dates and information:		
Date:	Signature:	
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