LAUSANNE PALACE SPA

ACCOMMODATION FORM
Financial Times – From the 31st May to the 02nd April 2014

*PLEASE FAX THIS FORM TO LAUSANNE PALACE & SPA: Fax +**41 21 331 32 22***
Or send it by email to : filippo.delponte@lausanne-palace.ch

PLEASE ACCOMPLISH YOUR RESERVATION BEFORE March 03rd 2014
BEYOND THIS DEADLINE AVAILABILITY IS NOT GUARANTEED ANYMORE

Please reserve for me: *(Please tick as appropriate)*

☐ Room "Run of the House", for single occupancy, at **Chf. 390.-***
☐ Room "Run of the House", for double occupancy, at **Chf. 430.-***

☐ Smoking Room ☐ Non-smoking Room

**Our rates are per room and per night, buffet breakfast, service and VAT included.*

- City tax of **Chf. 3.40** per person per night will be added to the room rate.
- Hotel parking upon availabilities, at **Chf. 30.-** per day

Check in time: 3.00 pm - Check out time: 12.00 NOON

CANCELLATION POLICY :

Between 4 and 6 days prior to arrival date, a penalty of 50% of the total amount of the reservation will be invoiced.
Less than 4 days prior to arrival date, each cancellation will be fully charged to the guest.
Please note that "no shows" and anticipated departure will be charged directly to your credit card for the full length of your stay.

Arrival date :	Departure date :
Arrival time :	Departure time :
Flight number :	Flight number :
Surname :	**First Name :**
Company :	Address:
Zip code/ city :	Country :
Tel :	Fax - Email:
Credit Card number required to guarantee reservation: ☐ AMERICAN EXPRESS Expiry date ____/____/____ 4 - digit security code (located on the front of the card) ☐ VISA Expiry date ____/____/____ ☐ EUROCARD/MASTERCARD Expiry date ____/____/____ ☐ DINERS Expiry date ____/____/____	
Name on credit card :	
Hotel Room Reservation N°	Hotel Stamp

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