

2007 Executive Forum
Dynamic Planning & Budgeting:
Putting Your Money Where Your Strategy Is
16th – 20th, October 2007

HOTEL RESERVATION FORM - Hotel President Wilson

Please send this form duly completed before **September 7th, 2007** :
Please note that the hotel does not guarantee availabilities in case the bedroom allotment for this event is already sold out before September 7th, 2007.

Hotel President Wilson

Attn: Reservation Department
47, Quai Wilson
CH - 1211 Genève 21
Tel: +41-22-906.6112 / 13 / 14
Fax: +41-22-906.66 68

Please type or print in CAPITAL letters

Prefix: Mr. Ms. Mrs.
Family Name:First name:.....
Country:
Phone (country-area-local):.....Fax (country-area-local):.....
Email:.....

Arrival time/date:.....
Departure time/date:.....
Number of nights:.....
Expected time of arrival:.....

Please reserve:

- Deluxe bedroom, Single occupancy contracted rates **400.-** CHF per night
- Deluxe bedroom, Double occupancy contracted rates **470.-** CHF per night

All rates are per room/per night, including service and VAT, excluding City tax of CHF.4.25 per person per day. Check Out for Children program at CHF.1.50.- per stay. Buffet Breakfast at CHF42.- per person and per day.

Policy for reservation/cancellation and no-show

- Reservations can only be made through this hotel reservation form
 - Cancellations and/or any changes should be made in writing exclusively to the Hotel President Wilson
 - Until **September 7th, 2007**, all reservation can be released without any charges. From **September 8th, 2007** until two weeks prior to the event (October 1st, 2007), all cancellation will be charged for one night. Within two weeks (from October 2nd, 2007), all partial or total cancellation, no-shows and early departures will be charged **for the entire period requested** to your credit card.
 - Check-in time: 15.00 hrs, check-out time: Noon
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Guarantee (must be completed):

Accommodation will be guaranteed only if reservation requests are accompanied by a credit card guarantee.

Please guarantee this reservation with the following credit card information:

Please charge to my: AMEX EURO/MASTERCARD VISA OTHER

Card number:..... Expiration date:

Cardholder's name:

Signature of Cardholder:

Please note: we need your signature to process the booking