RESERVATION FORM FOR ROOM AND BOARD DURING SUMMER SCHOOL 2010 IN SAAS FEE

I am registered for the _____ course in Period 1 ❑ Period 2 ❑

❑ Male ❑ Female Nationality_____

First name_____ Surname_____

Address_____

Postal zip code_____City_____

State/Country_____Fax_____

Email_____Phone_____

I would like to share the room with: _____

Type	occu-pancy pers.	Rate per person per day full board	room description	Please select desired room
A	1	CHF 123.-	single room with 1 bath/WC in neighboring Hotel or in residence buildings	
B	2	CHF 103.-	2 persons sharing a 2-room-apartment with 1 bedroom and 1 bed-living-room and 1 bath/WC in the residence buildings (approx. 50 m^2)	
C	2	CHF 103.-	2 persons sharing a double room (2 twin beds) and 1 bath/WC in the main or residence building (approx. 30 m^2)	
D	4	CHF 103.-	4 persons sharing a 3-room-apartment with 2 bedrooms (2 twin beds each) and 1 living-room and 1 bath/WC in the residence buildings (approx. 75 m^2)	
E	4	CHF 93.-	4 persons sharing a 2-room-apartment with 1 bedroom (2 twin beds) and 1 bed-living-room (2 twin beds) and 1 bath/WC in the residence buildings (approx. 50 m^2)	
F	3	CHF 86.-	3 persons sharing a triple room (1 room, 1 bath/WC, 3 beds) in the main or residence building (approx. 40 m^2)	
G		CHF 10.-	dogs/pets rate per day without food	
H		CHF 10.-	Reduction for children: Baby cot 0–5y: 50% 6-11y: 30 % 12-15y: 10%	

MEALS: ❑ with meat ❑ vegetarian

Meal scheme: **self-service** with breakfast buffet in the morning, salad buffet, main course with meat or fish and dessert at lunch, and for dinner salad buffet and soup with a light main course. The meal scheme starts with dinner on arrival day and ends with lunch on departure day.

DURATION OF YOUR STAY:

Early arrival: ❑ no ❑ yes: Date of arrival_____

(if your arrival time is later than 10 PM please inform:
Hotel Allalin, CH-3906 Saas-Fee, Switzerland,
Tel. + 41 (0)27 9581000, Fax. +41 (0)27 9581001,
e-mail hotel.allalin@saas-fee.ch

Late departure: ❑ no ❑ yes: Date of departure_____

I HEREBY CONFIRM THAT I FULLY UNDERSTAND THE PAYMENT CONDITIONS OF THE HOTEL ALLALIN.

Date:_____ Signature_____

PLEASE SEND THIS RESERVATION FORM TO THE HOTEL ALLALIN by Fax +41 (0) 27 9581001 or by email hotel.allalin@saas-fee.ch