

**RESERVATION FORM**

Please fill in this form and send it to :

**Hotel Victoria**

**Fax: (+41) 61 270 70 77**

**Email: reservation.victoria@balehotels.ch**

**Company: F. Hoffmann-La Roche**

**Event date 21. – 24. September 2014**

**STICHWORT "ROCHE FBLD 2014"**

**DEADLINE: 31.07.2014**

**NAME:**

---

**TELEPHONE:**

---

**FAX/EMAIL:**

---

**COUNTRY:**

---

**ARRIVAL DATE:**

---

**DEPARTURE DATE:**

---

**NUMBER OF NIGHTS:**

---

**ROOM**       Standard room with bath (bed 1.40m x 2.00 m, room ca. 20 m<sup>2</sup>)

---

**RATE:**                      Room Rate: CHF 245.00 per standard room/night  
   including breakfast  
   City Tax:    CHF    3.50 per person/day

---

**CREDIT CARD NUMBER:**

---

**Expiry date:**

---

**Card Holder:**

---

**Cancellation policy**                      Cancellation free of charge until 1 day prior to arrival, otherwise  
   or in case of No-Show cancellation fee will be charged (one night)

---

Remarks .....

.....

Date and Signature: