

ORDER FORM GIFT VOUCHER

Just fill in the form with a credit card number (Visa or mastercard) and the gift voucher will be sent to you per A-post.

Vouchers for 1 night are valid during summer season, except high season and school holidays
where minimum of stays are requested

Voucher for 2 nights and more are valid the whole year except high season and school holidays
where minimum of stays are requested



VALUE GIFT VOUCHER

CHF

STAY GIFT VOUCHER

per room and per night including buffet breakfast and access to the SPA

per NIGHT

<input type="text"/>	night(s) in a single room Northside to	CHF 208
<input type="text"/>	night(s) in a single room Southside to	CHF 238
<input type="text"/>	night(s) in a double room Northside to	CHF 346
<input type="text"/>	night(s) in a double room South "Historic" to	CHF 386

per NIGHT

<input type="text"/>	night(s) in a double room South "Nostalgic" to	CHF 508
<input type="text"/>	night(s) in a double room South "Superior" to	CHF 538
<input type="text"/>	night(s) in a Junior Suite to	CHF 588

PACKAGE ARRANGEMENT

Package:

Room category:

Nbre of person(s):

Rate per person:

Be aware the voucher for packages are sold to the price of the high season only in order to be accepted any time (except high season and school holidays)

For any other season prices, restrictions may apply. Please contact the hotel reception directly.

SUPPLEMENTS RESTAURANT

<input type="text"/>	3-course dinner to CHF 65.- pp/day	<input type="text"/>	5-course Menu "Ida" to share to CHF 96.- pp
<input type="text"/>	4-course dinner to CHF 75.- pp/day		

SUPPLEMENTS SPA

<input type="text"/>	relaxing massage(s) 50 minutes to CHF 126.- pp	<input type="text"/>	hot stone therapy 80 minutes to sfr. 180.-
<input type="text"/>	rituel(s) Anniviers 110 min. to CHF 225.-pp	<input type="text"/>	massage(s) <input type="text"/> to CHF <input type="text"/>

AUTRES SUPPLEMENTS

<input type="text"/>	bottle of champagne 75cl to CHF 98.-	<input type="text"/>	bottle of champagne 37.5cl to CHF 58.-
<input type="text"/>	flower arrangements to CHF <input type="text"/>		

BENEFICIARY (IES)

LAST NAME

FIRST NAME

YOUR NAME AND ADDRESS TO SEND THE VOUCHER

LAST NAME

STREET

FIRST NAME

CP

CITY

MOBILE

EMAIL

PAYMENT

CC :

☐

Visa

☐

Mastercard

Exp : ____ / ____

Date:

Signature