



Hotel Excelsior

BERLIN, JUNE 9TH – 11TH 2005

MR/MRS

FIRST NAME _____ NAME _____

ADDRESS _____

ZIP CODE _____ CITY _____ COUNTRY _____

TELEPHONE _____ FAX _____

EMAIL: _____

HOTEL ACCOMMODATION FAX REGISTRATION FORM

(Price are per room and night including breakfast and taxes), **Deadline for reservation May 12th. 2005**

TICK	HOTEL	SINGLE ROOM	DOUBLE ROOM
[]	Excelsior ***** Hardenbergstr. 14, 10623 Berlin Tel. +49 (0) 30 / 31 55 22 Fax. +49 (0) 30 / 31 55 10 53 hotel-excelsior@blueband.de www.blueband.de	79 € (including breakfast)	107 € (including breakfast)

Reservation needed of _____ room / s _____ single/s _____ double /s

Arrival date _____ Departure date _____

Estimated Time of Arrival: _____

In order to ensure your room reservation a one night deposit will be required: € _____

TOTAL PAYMENT € _____ DUE

PAYMENT BY

Credit Card:

VISA EURO/MASTERCARD AMEX DINERS CLUB

n° _____ Expiry date _____ / _____

SIGNATURE

PRINT SIGNATURE

Date _____