



Hotel Heidelberg

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 15th. 2005**

| TICK | HOTEL | SINGLE ROOM | DOUBLE ROOM |
|------|--|----------------------------------|----------------------------------|
| [] | Hotel Heidelberg *** Knesebeckstr.15 10623 Berlin Tel.+49 (0) 30/31 30 10 3 Fax.+49 (0)30/31 35 87 0 hotel.heidelberg.berlin@t-online.de www.hotel-heidelberg-berlin.de | 69 € (including breakfast) | 85 € (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 _____