



Savoy Hotel

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 9th. 2005**

TICK	HOTEL	SINGLE ROOM	DOUBLE ROOM
[]	Savoy **** Fasanenstr. 9/10, 10623 Berlin Tel. +49 (0) 30 / 311 03 0 Fax +49 (0) 30 / 311 03 333 info@hotel-savoy.com www.hotel-savoy.com	111 € (including breakfast)	133 € (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 _____