

RESERVATION REQUEST

Facsimile to: +49 351 50120 901

Herewith I request a reservation by the keyword: „**EBSA Congress**”

Arrival: _____ Departure: _____
Number of Single Room(s) _____ **EUR 119,00**
Number of Double Room(s) _____ **EUR 139,00**

The stated room rate is per room per night including service, VAT, a bottle of water, Nespresso-coffee machine, kettle, free internet and the usage of our Fitness and Wellness area „Pürovel Spa & Sport“. The City Tax will be charged extra with EUR 1,30 per adult per night.

Last Name/First Name: _____

Address: _____

Postal code/City: _____

Telephone number: _____

Facsimile/E - mail: _____

This reservation must be guaranteed by the indication of a credit card number with expiry date.

Credit Card Number: _____ **Expiry Date:** _____ / _____

Signature: _____

Date: _____

The following cancellation policies apply:

A cancellation at no charge is possible until **3 days** prior arrival. Non arrival and late cancellation will be charged at 90 % of the agreed reservation amount.

This paragraph is filled out by the hotel:

The reservation is herewith gladly confirmed!

Reservation Number: _____

STAMP & SIGNATURE HOTEL