

Hotel Reservation Form

I Participant

Surname:	First Name:	Title:
Address:_____		
Country:	Postal Code/Zip:	City:
Phone:	Fax:	
Email:_____		

II Hotel Reservation

- Dorint Am Graben, Peterstraße 1a, 52062 Aachen
Phone: +49 241 1801 0, Fax: +49 241 1801 100
single room, 85.50 € per night (breakfast included)
- Ibis Marschiertor, Friedlandstraße 6-8, 52064 Aachen
Phone: +49 241 4788 0, Fax: +49 241 4788 110
single room, 67 € per night (breakfast included)

Day of arrival: _____ Day of departure: _____

III Payment Information

- Payment by credit card:
 Eurocard/Mastercard Visa American Express Diners Club
- Credit card holder: _____
- Credit card number: _____ Expiration date: _____

IV Declaration

The conference secretariat will arrange the reservation above. However, accounting has to be done by each participant individually. Note that this reservation is binding.

Date _____ Signature _____

Please fax your fully completed hotel reservation form to: +49 241 8022899