

Please fill in and send back to Hotel:

Hotel Steglitz International

Fax: 030 / 790 05-530

Email: reservation@si-hotel.com

Albrechtstraße 2

12165 Berlin

Tel.: 030 / 790 05-519

Guest name: _____ First name: _____

Address: _____

Telephone: _____ Email: _____

Room allotment for „ PDF Europe“ from May, 15-17, 2017

Accommodation can be booked until: April, 17th, 2017

- | | | |
|---|---------------------|------------|
| <input type="checkbox"/> Single room May, 14-16, 2017 per night | € 87.00 x 2 nights | = € 174.00 |
| <input type="checkbox"/> Single room May, 14-17, 2017 per night | € 87.00 x 3 nights | = € 261.00 |
| <input type="checkbox"/> Single room May, 15-16, 2017 per night | € 87.00 x 1 night | = € 87.00 |
| <input type="checkbox"/> Single room May, 15-17, 2017 per night | € 87.00 x 2 nights | = € 174.00 |
| | | |
| <input type="checkbox"/> Double room May 14-16, 2017 per night | € 114.00 x 2 nights | = € 228.00 |
| <input type="checkbox"/> Double room May 14-17, 2017 per night | € 114.00 x 3 nights | = € 342.00 |
| <input type="checkbox"/> Double room May 15-16, 2017 per night | € 114.00 x 1 night | = € 114.00 |
| <input type="checkbox"/> Double room May 15-17, 2017 per night | € 114.00 x 2 nights | = € 228.00 |

Remarks/pre-arrival: _____

Cancellation accommodation: rooms can be cancelled until **6 pm 3 days prior to arrival.**

After that the hotel is permitted to charge 80% of the booked amount.

Included in room rate: WLAN, breakfast buffet

Credit card details to guarantee the booking

I guarantee the booking with the following credit card:

_____ valid to _____

The bill should have the following business address:

Company: _____

Address: _____

Country: _____

Booking confirmed

confirmation number: _____

Date, signature of the purchaser

signature and stamp of the hotel