

XXXVII. COSAC
Berlin, 13th to 15th May 2007

Hotel reservation
Berlin Marriott Hotel
Inge-Beisheim-Platz 1
10785 Berlin
Telephone: +49 30 22000 0
Fax: +49 30 22000 1000

INSTITUTION:	
Surname:	Mr/Mrs/Ms
First Name:	
Address:	
City:	Country:
Telephone:	Facsimile:
e-mail:	
Will be accompanied by:	
Surname:	First Name:

Room type	Costs (inc. breakfast) per night	Check box
Single Room	173,- €	
Double Room	197,- €	

Stay Information

Date of arrival: May 2007 Flight number: Time:

Date of departure: May 2007 Flight number: Time:

☐ Non-Smoking ☐ Smoking

Credit card payment

Credit card: ☐ Diners ☐ Mastercard ☐ Visa ☐ American Express

Issue No: _/_/_/_/_/_/_/_/_/_/_/_/_/_ Expiry date:/...../.....

Date:..... Signature:

Please complete and return this form by **10 April 2007** directly to the reservation department at the Berlin Marriott Hotel. By completing this form, you accept the terms and conditions for bookings and cancellations of Berlin Marriott Hotel.

Please note: Reservation requests will be dealt with on a first-come, first-served basis. Room cannot be guaranteed for Hotel Reservation Forms received after the 10 April 2007 deadline.

Confirmation of the hotel: Booking number:
Stamp/ Signature