

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

Hotel reservation  
**Swissotel**  
Augsburger Str. 44  
10789 Berlin  
Telephone: +49 30 220 100  
**Fax: +49 30 220 102 222**

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	145,- €	
Double Room	165,- €	

**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 Swissotel Berlin. By completing this form, you accept the terms and conditions for bookings and cancellations of Swissotel Berlin.

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