

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

Hotel reservation
The Ritz Carlton Berlin
Potsdamer Platz 3
10785 Berlin
Telephone +49 30 33 77 77
Fax: +49 30 33 77 75 555

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	245,- €	
Double Room	295,- €	

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 Ritz Carlton Berlin. By completing this form, you accept the terms and conditions for bookings and cancellations of The Ritz Carlton 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