



**2<sup>nd</sup> OpenECG Workshop  
Berlin, April 1-3, 2004**

**Hotel Registration Form  
HOTEL EXCELSIOR**

**Reservation CODE: "ECG"**

**Please submit your reservation directly to the hotel before March 3<sup>rd</sup>**

**PERSONAL DATA**

First name \_\_\_\_\_ Family name \_\_\_\_\_ Mr./ Ms. \_\_\_\_\_  
 Organisation \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ Post code \_\_\_\_\_  
 Country \_\_\_\_\_ Email \_\_\_\_\_  
 Telephone \_\_\_\_\_ Fax \_\_\_\_\_

**ACCOMPANYING PERSONS**

1. First name \_\_\_\_\_ Family name \_\_\_\_\_ Mr./ Ms./ Child \_\_\_\_\_  
 2. First name \_\_\_\_\_ Family name \_\_\_\_\_ Mr./ Ms./ Child \_\_\_\_\_

**HOTEL ACCOMMODATION**

Prices are per room night and include buffet breakfast and all taxes.

Arrival (check in) Date \_\_\_\_\_ Departure (check out) Date \_\_\_\_\_

Hotel	Single	Double	No. of nights	Total
Excelsior	<input type="checkbox"/> 105 €	<input type="checkbox"/> 125 €	_____	_____ €

- Please note that all hotel prices are per room and not per person.

**Credit Card**

- Visa
- American Express
- Mastercard

Card no (16 digits):

-----

Expiration date: \_\_\_\_\_ (MM/YY)

Cardholders name: \_\_\_\_\_

Signature: \_\_\_\_\_

Signature \_\_\_\_\_ Date: \_\_\_\_\_

**PLEASE RETURN TO Hotel Excelsior**  
 FAX +49 30 31 55 10 53, EMAIL: hotel-excelsior@blueband.de