



**2nd OpenECG Workshop
Berlin, April 1-3, 2004**

**Hotel Registration Form
HOTEL HAMBURG**

Reservation CODE: 2nd ECG-WS

Please submit your reservation directly to the hotel before March 3rd

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
Hamburg	<input type="checkbox"/> 89 €	<input type="checkbox"/> 128 €	_____	_____ €

▪ 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 Hamburg
FAX +49 30 262 93 94, EMAIL: hoham@t-online.de**