



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

**Hotel Registration Form
HOTEL SYLTER HOF**

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
Sylter Hof	<input type="checkbox"/> 79 €	<input type="checkbox"/> 109 €	_____	_____ €

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

Please choose method of payment and fill in the Credit card section regardless of chosen method of payment to secure your hotel reservation:

Credit Card

<input type="checkbox"/>	Visa
<input type="checkbox"/>	American Express
<input type="checkbox"/>	Mastercard

Card no (16 digits):

Expiration date: _____ (MM/YY)

Cardholders name: _____

Signature: _____

Signature _____ Date: _____

**PLEASE RETURN TO Hotel Sylter Hof
FAX +49 30 214 28 26, EMAIL: info@sylterhof-berlin.de**

