

Hotel Reservation Form

Date: _____

Name: _____ **Title:** _____
(Family Name) (First Name)

Affiliation: _____

Address: _____

City, Country: _____ **Postal Code / Zip:** _____

E-mail: _____

Phone: _____ **Fax:** _____

Seminaris CampusHotel Berlin
Takustr. 39, 14195 Berlin
Tel. +49-30-557797-0, Fax: +49-30-557797-191,
Internet: <https://www.seminaris.de/en/hotels/berlin/seminaris-campusotel-berlin>

Date of Arrival: Day: _____ Month: _____ Year: _____
Date of Departure: Day: _____ Month: _____ Year: _____
Number of nights: _____

Single room 99(€):	with shower	<input type="checkbox"/>	with bathtub	<input type="checkbox"/>
Double room (€):	with shower	<input type="checkbox"/>	with bathtub	<input type="checkbox"/>
Twin room (€):	with shower	<input type="checkbox"/>	with bathtub	<input type="checkbox"/>

The rates are quoted per room and night including breakfast and high-speed internet, service charges and VAT.

Reference Code: PVB-2022

Credit Card for guarantee:

Type of credit card: VISA MasterCard Amex

Credit card number: _____

Expiration Date (month/year): ___ / ___

Card validation code (CVC): ___

Credit card holder: _____

Date: _____ **Signature:** _____

To ensure the reservation, please send the filled out form until the 24.06.2022 to the following address:

conference.ber61@seminaris.com