



**Novotel Berlin Mitte
Fischerinsel 12
D- 10719 Berlin**

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Fax: +49 (0)30 20674-111

E-Mail: resa-berlin-mitte@accor.com

RESERVATION FORM

Booking Keyword: „EWS “ from 16.03.2016 until 20.03.2016

Rooms can be picked up from the allotment until 29.02.2016 and can be cancelled free of charge three days prior the arrival date..

Arrival: _____ **Departure:** _____

Surname: _____ **First Name:** _____

Address: _____ **ZIP/City/Country:** _____

Phone: _____ **E-Mail:** _____

Billing Address:

Company: _____ **Department:** _____

Address: _____ **ZIP/City/Country:** _____

Single room for € 112,00 per room/night incl. breakfast **Smoking**

Double room for € 129,00 per room/night incl. breakfast **Non-Smoking**

A valid credit card is necessary to guarantee your booking. In case of late cancellation or no-show we will charge 90% of the total reservation amount from your credit card.

Herewith I confirm above conditions:

Credit card: Amex Visa Mastercard Diners Club

Card holder _____

Credit card number _____ **Valid until** _____ / _____

Your confirmation number: (filled out by hotel)

Guest/Booker

Hotel

Date/Stamp/Signature

Date/Stamp/Signature



Your membership card number: _____

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