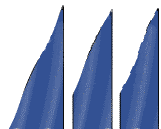


**ESM
2002**



**HOTEL MARITIM
REF: FACH
DARMSTADT, JUNE 3rd – 5th 2002**

MR/MRS

FIRST NAME _____ NAME _____

ADDRESS _____

ZIP CODE _____ CITY _____ COUNTRY _____

TELEPHONE _____ FAX _____

EMAIL: _____

HOTEL ACCOMMODATION FAX REGISTRATION FORM

(Price are per room and night including breakfast and taxes), **Deadline for reservation May 8th . 2002**

TICK	HOTEL	SINGLE	DOUBLE
[]	Maritim Konferenz Hotel Rheinstraße 105 D- 64295 Darmstadt, Germany Tel:+49-6151-8780 Fax: +49-6151-893194 e-mail: info.dar@maritim.de Tel: Ms Schwab: (+49)6151/8780 www.maritim.de	€ 108	€ 131

Reservation needed of _____ room / s _____ single/s _____ double /s

Arrival date _____ Departure date _____

Estimated Time of Arrival: _____

In order to ensure your room reservation a one night deposit will be required: € _____

TOTAL PAYMENT € _____ DUE

PAYMENT BY

Credit Card:

VISA EURO/MASTERCARD AMEX DINERS CLUB

n° _____ Expiry date _____ / _____

SIGNATURE

PRINT SIGNATURE

Date _____