

**ESM
2002**



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 15th . 2002**

TICK	HOTEL	SINGLE	DOUBLE
[]	RAMADA-TREFF Page Hotel Darmstadt Eschöllbrücker Straße 16 D-64295 Darmstadt, Germany Tel.: (+49) 6151/385-181 Fax: (+49) 6151 - 385 100 e-mail: ulrike.pauer@ramada-treff.de www.ramada-treff.de	€ 96	€ 107

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 _____