

Formulary for Reservation "prostep ivip Symposium 2018"

Dear Sir or Madam,

Please send us the following form filled in and signed at the e-mail-address:

reservation.muc@starinnhotels.com

Check in: 17.04.2018

Check out: 19.04.2018

number of nights: 2

room for 1 person

Payment (please mark with a cross):

Total amount: 228,00€ per room incl. Breakfast (**the room can cancelled until 20 days before arrival**)

In case of No-show we will charge the 90% of the whole stay.

Please mark the place for you accommodation:

Star Inn Hotel Comfort

Star Inn Hotel Quality

Credit card owner: _____

Typ of Credit Card: AmericanExpress MasterCard Visa Diners Club other: _____

Credit Card Number: _____

Validity: _____ / 20 _____

Address: _____

Name of the guest : _____

(Name of firm : _____)

I confirm that I am the owner of this credit card and that the preceding information are correctly and completely. With my signature the Star Inn Hotel Premium Munich is authorized to strain my credit card with the preceding amount.

Place, Date

Signature credit card owner