



IWMCG-5

Hotel Registration Form

This Hotel Registration Form is for one participant. Please type all information in block letters and return this form until July 15, 2006 latest. The hotel fee has to be paid directly at the Hotel.

Welcome Kongress Hotel – IWMCG-5

Fax: ++49-951-6091 747

First Name: _____ Last Name: _____

Affiliation: _____

Address: _____

Postal Code: _____ Country: _____

Telephone: _____ Fax: _____

Email: _____

Accompanying person(s)

First Name: _____ Last Name: _____

First Name: _____ Last Name: _____

Name of Hotel	Room type (please specify)	Rate (incl. 16% tax)
Welcome Kongress Hotel	Single room <input type="checkbox"/>	81€ per night
	Double room <input type="checkbox"/>	50.5€ per person and night
Residenzschloss Hotel	Single room <input type="checkbox"/>	113€ per night
	Double room <input type="checkbox"/>	73€ per person and night

In the case of double room:

I want to share the room with: _____

(Please specify)

Arrival date: _____

Departure date: _____

Number of nights: _____

Date, Signature