

HOTEL RESERVATION FORM

To secure the Early-Bird-Price on your hotel bookings please return this form before January 10, 2007 to:
 Compass Tours Incoming - A Division of Dr. Kater Travel GmbH - , Lindemannstrasse 30, 40237 Düsseldorf – Germany
 Phone: +49 (0)211 40 70 21 // Fax: +49 (0)211 40 77 14 // email: duesseldorf@compasstours.de
 Person in charge: Hanne Frada

HOTELS CITY CENTRE

Hotels:	Single Room	Double Room
4*+ Westin Hotel (within walking distance to the Louvre; app. 30-40 minutes to Charles de Gaulle Airport & Villepinte exhibition center); Next Metro station: Concorde		
Classic Room incl. Breakfast	: EUR 349,-	EUR 372,-
4*+ Intercontinental Le Grand (opposite the Opéra; app. 30-40 minutes to CDG Airport & Villepinte exhibition center); Next Metro station: Opéra		
Classic Room incl. Breakfast	: EUR 349,-	EUR 372,-
4* Concorde Hotel Ambassador (within walking distance to the Opera Garnier, app. 40 minutes to CDG Airport & Villepinte exhibition center); Next Metro station: Saint Lazare		
Superior Room incl. Breakfast	: EUR 265,-	EUR 275,-

HOTELS BETWEEN CITY CENTRE AND AIRPORT (no shuttle service included*)**

Hotels:	per	Single Room	Double Room
4* Hyatt Regency CDG (approx. 10 minutes to the Charles de Gaulle Airport & Villepinte Exhibition center)*			
Standard Room incl. Breakfast	:	EUR 269,-	EUR 285,-
Club King Room incl. Breakfast	:	EUR 320,-	EUR 335,-
3* Suitehotel Paris Nord II (approx. 7 minutes to the Charles de Gaulle Airport & Villepinte Exhibition center)*			
Standard Room incl. Breakfast	:	EUR 147,-	EUR 162,-

All prices are per room/ per night

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 Phone: +49 (0)211 40 70 21 // Fax: +49 (0)211 40 77 14 // email: { HYPERLINK "mailto:duesseldorf@compasstours.de" }

1) Booking representative:

Mrs

Mr

Please use typewriter or capital letters:

Surname: _____ First Name: _____

Company: _____

Address: _____

Postal Code: _____ City: _____ Country: _____

Phone: _____ Fax: _____ Email: _____

2) Hotel Reservation:

Hotel:

Please book accommodation

Single Room(s)

Double Room(s)

Check-In Date: _____ Check-out Date: _____ Nights: _____

Participants: (please use additional page to provide clients names if space insufficient)

01) _____
 First name / Family Name

02) _____
 First name / Family Name

03) _____
 First name / Family Name

04) _____
 First name / Family Name

3) Deposit Payment / Guarantee:

We have transferred the total amount of EUR _____ to your bank account:

Bank account : STADT-SPARKASSE LANGENFELD / RHLD
 Account Holder : Dr. Kater Travel GmbH
 Account Number : 13 04 35
 Bank code : 375 517 80
 Swift : WELA DE D1 LAF
 IBAN : DE 06 3755 1780 0000 1304 35

I hereby authorize Compass Tours Incoming Dr. Kater GmbH to debit the total amount from following credit card:

Visa MasterCard American Express

Card Holder's Name: _____

Card Number

Expiry date

/

Card verification code

GENERAL CONDITIONS: Rates are per room/night, incl. breakfast and all local taxes. – Reservation is confirmed upon receiving pre-payment either by credit card or bank transfer. Rooms are subject to availability. After confirmation a refund for any cancellation is only possible in case of the re-sale. The deposit will be retained and set off against possible cancellations fees. The final invoice will be send to you after the exhibition. **Credit card payment are subject to 3% handling surcharge.**

We hereby accept the general booking conditions

Date

Signature / Company Stamp