

<b>Contact Form</b>	for Enquiries of	on +49 (0)30 50	6 04 48 23	Berlin P
Personal Details:				Hauptstadt-Sem Kongresse
Surname:	First Name:	□ Com	npany/ □ Association:	
Street:		Post Code:	City:	
Telephone:	Fa	ax:	Mobile:	
Travel Information	<u>:</u>			
Amount of people: _	Arrival:		Departure:	
Hotel:		Hotel Address:		
Programme reques	sts/ Reservation:			
Hotel reservation:	Yes: Single	Bed: □B&B □ F	IB □ Shared room: □ B	3&B □ HB
			 HB □ Fahrerzimmer: □	
	 ∃ No			
	e □ Wish to <i>hire a l</i>	ous		
□ Berlin Programme: Date: Time:			Time:	
			ed tour/ entrance Museum:	
			S:	
	ccursion:   3 Hours			
□ Restaur	<i>rant</i> :  □ Lunch: □ á la	carte □ Menu	Desirable price	; p.p.
			enu □ Buffet Desirable price	
□ Evenir	-		Musical):	
	ion Tower □ Lunch			
□ Potsdam Progra	mme: Date:	-	Time:	
	າ(			
	rant: □ Lunch: □ á la		Desirable price:	
□ Tea/Cot	ffee plus cakes: D	esirable price:	p.p.	
O Spreewald Programme: Date:			Time:	
	າ(			
☐ Guided	☐ Guided Tour/ <i>Museum</i> :			
□ <i>Restaurant</i> : □ Lunch: □ á la carte □ Menu			Desirable price:	p.p.
□ Tea/Cot	fee plus cakes:		Desirable price:	p.p.

City, Date, Signature

optional. return sender stamp