



**Form for Announcing
Room contingent**

„IWF IPT“

Period: Monday, September 3rd to Sunday, September 09th 2007

Deadline: July 23rd 2007

return to: + 49 351 86 42 889

(fully constant address, if deviating note bill-to-address please separately)

Company	
Name and surname	
Adress	
Postal code and city	
Tel. - and fax number	

I order hereby obligatorily:

Arrival: _____

Departure: _____

_____ **Single room classic á EUR 165,00** per room/ night included breakfast

_____ **Single room deluxe á EUR 190,00** per room/ night included breakfast

_____ **Double room classic á EUR 190,00** per room/ night included breakfast

_____ **Double room deluxe á EUR 215,00** per room/ night included breakfast

Request: Smoker Non smoker

Rooms can be reserved on guaranteed basis only. Please indicate your credit card details underneath to guarantee your reservation. You may cancel free of charge until seven days prior to arrival. In case of non-arrival, 90 % total costs will be charged to your credit card.

Credit card number:

Validity:

Date, Place

Firm stamp, signature

Authentication of the hotel:

Indicated reservation we made those above.

Reservation number: _____

Dresden,

Firm stamp, signature

Hilton Dresden
An der Frauenkirche 5
01067 Dresden, Germany
Tel: +49 (0)351 86420 Fax: +49 (0)351 8642725
Reservations: www.hilton.com

Amtsgericht Dresden HRB 7317 •VAT ID NO DE 8111159950,
Hilton Dresden
Zweigniederlassung der Hilton International (Germany) GmbH,
Geschäftsführer: Ola Ivarsson, Tim Ettelt
Deutsche Bank AG Dresden (BLZ 870 700 00) Konto-Nr. 5161500,
Stadtsparkasse Dresden (850 551 42) Konto-Nr. 340052800