

Hotel Booking Form IAGA –WS-2018

Arrival date : ____ / ____ / ____ Departure date : ____ / ____ / ____

Number of nights : _____

Name : _____

Address : _____

Telephone : _____ Fax : _____

E-mail : _____

Room type: single / double / twin Number of rooms: _____

Number of Adults : _____ Children: _____ Age : _____

PREFERRED ROOM RATE

SINGLE ROOM: 81 € - DOUBLE/TWIN ROOM: 142 €
BREAKFAST & CITY TAX INCLUDED

Credit Card : ____ N° _____

schlosshernstein

seminarhotel

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