

# HOTEL ROOM RESERVATION



THE SIGNATURE PROFESSIONALS

## SIGNATURE DAYS

JUNE 2007 - 26 & 27

New Booking

Cancellation

To	Steigenberger Hotel Graf Zeppelin Arnulf-Klett Platz 7 70173 Stuttgart / Germany	From	_____
e-Mail	<a href="mailto:stuttgart@steigenberger.de">stuttgart@steigenberger.de</a>	Company	_____
Fax	49 711 2048 0	Street	_____
Phone	49 711 2048 542	Town/ZIP	_____
Web	<a href="http://www.stuttgart.steigenberger.de">www.stuttgart.steigenberger.de</a>	e-Mail	_____
		Fax	_____
		Phone	_____

### Guest's Information

<input type="checkbox"/> Mrs	<input type="checkbox"/> Ms	<input type="checkbox"/> Mr	_____	_____
			Last Name	Given Name
Designation	_____	Company Name	_____	_____
Company Address	_____			
Zip/City Code	_____	Country	_____	_____
Passport Number	_____	Nationality	_____	_____
Place & Date of Issue	_____	Date of Birth	_____	_____

### Reservation Requirements

Room Type	<input type="checkbox"/> "Type Zeppelin (Standard)" @ 185 €/ night (incl. Breakfast) <b>note: rate and contingent "SOFTPRO" are only confirmed until 2007-APR-26 after APR 27 rate &amp; availability on request</b>		
Arrival	Date _____	Flight Number _____	ETA (estimated time of arrival) _____
Departure	Date _____	Flight Number _____	ETD (estimated time of departure) _____
<b>Preferences*</b>			
- Room	<input type="checkbox"/> Smoking	<input type="checkbox"/> Non Smoking	<input type="checkbox"/> No Preference
- Location	<input type="checkbox"/> Near the lift	<input type="checkbox"/> Away from lift	<input type="checkbox"/> No Preference
- Bed	<input type="checkbox"/> King	<input type="checkbox"/> Twin	<input type="checkbox"/> No Preference

\* Fulfillment of room preferences is subject to availability. We advise you to book as early as possible.

### Payment Instructions

<input checked="" type="checkbox"/> All charges on guest's own account			
To guarantee your reservation, kindly provide us the following details:			
Credit Card	<input type="checkbox"/> Am. Express	<input type="checkbox"/> Mastercard	<input type="checkbox"/> Visa
Credit Card Number	_____	Date of Expiry	_____
Card Holder's Name	_____	Expiry Date	_____

### Remarks:

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For details on cancellation fees please cross check with the hotel.

### Hotel Confirmation

Room Rate	Confirmation Number	Confirmed By	Date
_____	_____	_____	_____