# Hotel Reservation Form

## Radisson Blu Scandinavia Hotel

Karl-Arnold-Platz 5
40474 Düsseldorf
Germany

Tel: +49 211 4553 3500
Fax: +49 211 4553 257

**„HVAC&R“**
**15 and 16 May, 2013**

Guest name: _____

Fax No. (for confirmation): _____

Tel. (for confirmation): _____

| | | |
|---|---|---|
| Please book: | O standard single room | EUR 125,00 |
| | O standard double / twin room | EUR 140,00 |

Rates stipulated above are per room and night, including breakfast, VAT and services charges.

Check-in: _____

Check-out: _____

Additional nights above are per room and night, including breakfast, VAT and service charges.

I guarantee this reservation with the following credit card:

☐ Visa ☐ American Express ☐ MasterCard

Number _____

valid until: _____ owner: _____

official deadline for reservations: **1 April, 2013**
Bookings after this date may be possible on availability.

_____ _____

date, signature hotel confirmation, stamp