

March 22 – 25, 2017



Hotel Booking Form

Last Name:	_____	Title:	_____	First Name:	_____
Address:	_____				

Post/Zip Code:	_____	City:	_____	Country:	_____
Phone:	_____	Fax:	_____		
e-Mail:	_____				

Arrival Date:	_____	Departure Date:	_____	No. of nights:	_____
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Please indicate your choice (only **ONE** cross, please!):

InterCity Hotel Göttingen	<input type="checkbox"/> Single room: 150,-- €	<input type="checkbox"/> Double room: 180,-- €
Freizeit In	<input type="checkbox"/> Single room: 136,-- €	<input type="checkbox"/> Double room: 176,-- €
Novostar	<input type="checkbox"/> Single room: 90,-- €	<input type="checkbox"/> Double room: 105,-- €

Rooms will be reserved on a first come – first served basis. In case the preferred hotel is fully booked, reservation will be made in another hotel in the same price category.

All rates quoted are per room per night and include breakfast. **The travel agency DER Deutsches Reisebüro will come back to you directly after receiving your booking form from the local organizers.**

Please debit my Visa Eurocard Diners Club Amex Mastercard

Cardholder's name: _____

Card Number: _____
(These are the sixteen digits on the front of your credit card) _____
(These are the three last digits on the back of the card)

Expiry date: _____ Signature: _____

Reservation requests must be received **BEFORE January 3, 2017**. After this date we cannot guarantee accommodation.

Please return this form to Stefanie Korthals, Neurowissenschaftliche Gesellschaft e.V.

Fax: +49 30 9406 2813 or Email: korthals@mdc-berlin.de