

Hotel Reservation Form

Mail or fax this form to: **Hotel Adula**, CH-7018 Flims-Waldhaus, Switzerland
Phone +41 - 81 - 928 28 28 Fax +41- 81- 928 28 29
E-mail hoteladula@bluewin.ch http://www.adula.ch

Participant:

Surname: _____ First Name: _____

Affiliation: _____

Address: _____

City: _____ Zip / Postal code _____

Country: _____

Phone: _____ Fax: _____

E-mail: _____

Single Double Number of persons: _____

Arrival date: _____ Arrival time (approx.) _____

Departure date: _____ Arrival by car public transport

Special requests: _____

- Rates:**
- Workshop participant, Feb. 5-9, 2000: CHF 215
 - Accompanying person in double room, Feb. 5-9, 2000: CHF 140
 - Additional nights: Single CHF 180 Double CHF 160

Rates are per person per night. Prices include half-board (breakfast buffet and either lunch or dinner) and all taxes.

Payment: A deposit for the first night is required. Amount: CHF _____

Check attached (must be a check drawn in Swiss Francs on a Swiss bank or a Eurocheck drawn in Swiss Francs)

Amount has been transferred to Graubundner Kantonbank, CH-7002 Chur, Swiss bank code no. 774, account no. CK.164.676.100.

Charge my credit card Mastercard/Eurocard Visa American Express

Card number _____ Expiration date _____

Name on card: _____

Date: _____ Signature: _____

Reservations must be received by December 20, 1999