

Hotel Reservation Form

Hotel Schillingshof
Fallerstr. 11
82433 Bad Kohlgrub
E-Mail: info@hotel-schillingshof.com
Fax: + 49 8845 / 8349



Herewith I will confirm the room reservation in Hotel Schillingshof for TAC-4 Conference 22.-25.06.2015:

Guest	Billing Address (optional)
Company _____	Company _____
Address _____ _____	Address _____ _____
Last name _____	Last name _____
First name _____	First name _____
Country _____	Country _____
E-Mail _____	Fax _____
Phone _____	

Date of arrival _____

Date of departure _____

Please choose:

Overnight stay in a single room including breakfast
EUR 99,00 per person and night

Overnight stay in a double room including breakfast
EUR 74,00 per person and night

Check-in time: 3 p.m. Check-out time: 11 a.m.

If your arrival will be before 22nd of June or departure after 25th of June additional charge for half board per person and day: EUR 25,00 per person and day
 yes no

By returning the signed confirmation, you agree to our Terms and Conditions.

Signature / place / date / stamp:
