

Buchungsformular 2010

Reservation

(is official acknowledgement of booking)

Send: Cooperation Center Klinge-Berg

Fax +49 8453 337731



Agency	Guest
Surname	Surname
Name	Name
Street / house	Street / house
Index-city	Index-city
Phon	Phon
Fax	Fax
e-mail	e-mail

1. Fly tickets

From	To	Date	desired Airlines	Prize image to €

2. Hotel Klassifizierung / classification of hotel?

*****	****	***	**	FW/ Апартаменты

3. Zimmer / rooms & accommodation?

	SGL	DBL	TRPL	Junior Suite	Suite
How many rooms?					
How many persons in room?					

4. Transfer / transfers?

	The tariff normal	VIP
Airport MUC - Hotel		
In what city		
The desirable car		

5. Mietauto / rent a car?

	How many days?
Class Mercedes C	
Class Mercedes S, Audi A6, BMW	
Minivan, VW Sharan, Mercedes VITO	

6. Excursions, the guide-translator or the name of the program?

Castel tours	
Museems	
Lakes & resorts	
Events / restaurants, baars, clubs	
Guide	
Translator	

8. Guarantee of payment

With conditions of booking and the contract it is acquainted, agree and has personally signed.

Town _____ Date _____

The signature and stamp of firm _____

I agree with Terms and Conditions of company Cooperation Centre KLINGE-BERG

AGB`s read please here