







Please send/fax application form to:

BTZ Bremer Touristik-Zentrale Kongress- & Veranstaltungsservice Findorffstraße 105 D-28215 Bremen

Phone: +49 (0) 421 30 800 72 +49 (0) 421 30 800 89 Fax: email: klemeier@bremen-tourism.de

Hotel booking

Mensch & Computer - Usability Professionals – DeLFI 2013

September 07<sup>th</sup> – 11<sup>th</sup>, 2013

				☐ non-smoking room			
DAY OF ARRIVAL:	DAY OF DEPAR	TURE:	☐ arrival after 6	o.m. ☐ smoking room			
HOTEL (distance to Universi	ty Bremen)		NUMBER of rooms	SINGLE ROOM*	NUMBER of rooms	DOUBLE ROOM*	
Hotel Deutsche Eiche*** (approx. 10 min by public transpo		oortation)		€ 68,00		€ 88,00	
Star Inn Hotel Bremen Columbus*** (approx. 15 min by public tr			1	€ 78,00		€ 110,00	
BEST WESTERN Hotel Schaper-Siedenburg*** (approximation)		rox. 20 min by public		€ 87,00		€ 114,00	
7 Things (approx . 7 min walking distance)				€ 87,50			
BEST WESTERN Hotel zur Post**** (approx. 17 min by		oublic transportation)		€ 104,00		€ 127,00	
InterCity Hotel Bremen*** (approx. 15 min by public tran		sportation)		€ 105,00		€ 130,00	
Ringhotel Munte am Stadtwaldt**** (approx . 12 min w		alking distance)		€ 110,00		€ 133,00	
Maritim Hotel Bremen**** (approx. 20 min by public trans		oortation)		€ 115,00		€ 150,00	
Atlantic Hotel Universum	ance)		€ 126,21		€ 159,42		
Courtyard by Marriott****	sportation)		€ 131,00		€ 150,00		
supply your credit card details via fa you confirm that you are in agreeme provide to BTZ - Bremer Touristik-Z	ellation terms shall apply. Bremer Totax or email to guarantee payment of ent with this procedure and consent to Zentrale in connection with your book at a will not be disclosed to third partie	any cancellation charges the hotel charging your c ing will be processed elec	relating to your hotel bo redit card with any appli stronically and will only	ooking. By conse cable cancellation oe only used for	enting to our terms on charges. Persor processing your	and conditions, nal data that you booking and for	
Name:	First name:						
Company:							
Street:							
Postal code / City		Phone:					
Fax:		Email:					
	med by indication of credit card detaicase of now-show or late cancellation.		a I guarantee the hotel r	eservation and	agree to the dedu	ction of possible	
☐ MasterCard		Visa	<b>□</b> A	merican Ex	press		
Cardholder's name:							
Card number:							
Valid thru:	C	ard certification no. (	required):				
Date:		Signature:					