

to the attention of reservations department
tel +49-251-490 99 0
fax +49-251-490 99 100
mail: muenster@treff-hotels.de

allotment of rooms UNI MÜNSTER
at the TREFF Hotel Münster City Centre ****

I/ we herewith would like to confirm the following booking (please mark!):

HOTEL TREFF Hotel Münster City Centre ****
Stubengasse 33, 48143 Münster

DATE 17. - 20.01.2010
18. - 20.01.2010

ROOM double 128,00 per room/night
single 114,00 per room/night
non-smoking
smoking

TITLE Mrs. Mr.

NAME _____

COMPANY _____

ADDRESS _____

TELEPHONE _____ (in case of questions!)

E-MAIL/ FAX _____ (for confirmation!)

PAYMENT costs for room/ breakfast and probable extras like telephone, minibar etc. wil be
payed upon check-out, directly at the hotel.

In case of late arrival and to save the hotel from no show, we please you to provide a credit card
number with expiry to keep the room(s) guaranteed. Thank you very much!

CREDIT CARD Visa Master Amex DinersClub (please choose)

NUMBER _____ EXPIRY ___/ ___

Please confirm. Thank you!

