

HOTEL BOOKING FORM

Group Name: Kisaco
Keyword: GAI Limited



Guest: Mr. Mrs.

Guest Name: _____

Company: _____

Address: _____

City/ Zip Code: _____

Telephone: _____

Email: _____

Please send us your
reservation request
until

Reservation Details

Arrival date: _____

Departure date: _____

Standard single room EUR 179.00 incl. breakfast

Standard double room EUR 199.00 incl. breakfast

The above mentioned room rates are per room/night.

Non smoking

smoking

Guarantee with the credit card number below:

- American Express Visa Card
 Eurocard/Master Card Diners Card
 JCB

Credit Card: _____

Expiration Date: _____ / _____

The room can be cancelled 5 days prior to arrival free of charge.

Please send your reservation to:

E-Mail:
Reservations.frankfurt@radissonblu.com

Fax:
+49 611 155 10

Telephone:
+49 611 155 3500

Signature & Date