

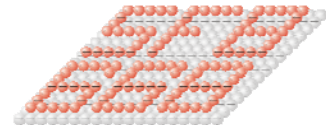
Hotel Reservation Form



SPS'06 & SPSTM-1

July 23 – 26, 2006

Hamburg, Germany



Name (Last, First):

Title, Position:

Affiliation:

Address:

Phone:

Fax:

E-mail:

Hotel name (first request):

(second request):

Arrival date:

Departure date:

Room type:

Accompanying person's name:

(if it is a twin room)

Please send this form by FAX to Mr. H. Fuchs (**Fax: +49 - 40 - 42838 - 2409**) at the University of Hamburg. To cover administrative costs the Conference Office charges a handling fee of **€ 10 per room booking**. Confirmation will be sent to you after reservation is completed. If you don't receive confirmation within two weeks, please contact Mr. H. Fuchs (e-mail: hfuchs@physnet.uni-hamburg.de).

Cancellations

All costs resulting from cancellation of hotel reservation must be borne by the participant if the room cannot be transferred to another participant of SPS'06/SPSTM-1.

Date: Signature: