

Please let this form have arrived not later than May 13th, 2004
Fax: [+49(0)30] 84 13 38 01, email: info@harnackhaus-berlin.mpg.de

Room Registration Harnack Haus

Contact Name: _____

Institute / Department: _____

Telefon / Telefax: _____

E-Mail: _____

Name of Guest: _____

Business Address: _____

Reason for Stay: SOEP 2004

Method of Payment: Personal Payment: Yes No

Invoice forwarding: Yes No

Billing Address: _____

Check-in: _____

Check-out: _____

Room Requirement

Single: 55,68 € /night incl. tax _____

Double: 1 (76,56 € /night incl. tax) 2 Guests(88,18 € /night incl. tax)

Please indicate the days you want to have breakfast (extra charge of 8,12 € / day):

Thur, 24 Fri, 25 Sa, 26 Sun, 27

Your estimated time of arrival: _____ a.m./p.m.

Confirmation by Harnack-House: _____

Please refer to our general business conditions