

BERLIN HOTEL & SUITES

Group Sales Information Sheet

Arrival Date:

Departure Date:

Name of Group/Organization:

Contact Person:

Phone Number:

Fax Number:

Mailing Address

Tax Exempt? (Will need their tax-exempt form with room list) Y N

Payment Type: Paying as a GROUP

Paying INDIVIDUALLY

Total Number of Rooms Needed:

Total Number of Rooms Needing 2 Double Beds:

Total Number of Rooms Needing 1 King Bed:

Any special room request