

BERLIN HOTEL & SUITES

Reservation form for Meeting Room

Company Name:

Email Address:

Contact Person:

Phone Number:

Address

Payment Information

Cash

Direct Bill

Credit Card

Meeting Information

Date of Meeting

Time

am/pm

To

am/pm

Number of Attendees

Rate

Food and Beverage Information

Coffee/Water

Soft Drinks/Bottle Water

Breakfast Buffet

Additional Charges for Food and Beverage

Audio/Visual Equipment Needed

Overhead Projector

TV/VCR

Easel/Paper

Podium

Slide Projector

Other (please describe)

Set up Information

Conference Style

U Shape

Box

Classroom

Additional Information About group

Room Information

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