

**Hotel reservation form**

Title: .....

First Name: ..... Name: .....

Address: .....

Zip Code/ City: ..... Country: .....

Tel.: ..... Email: .....

Date of Arrival: ..... Date of Departure: .....

Nights incl. breakfast: ..... Single room:  Double room: **Atlantic Hotel Universum \*\*\*\***Wiener Straße 4  
28213 BremenE-Mail: [reservierung.ahu@atlantic-hotels.de](mailto:reservierung.ahu@atlantic-hotels.de)

Phone: +49 421 2467-555

Fax: +49 421 2467-500

<http://www.atlantic-hotels.de>

Single room comfort rate: 94,50 € breakfast 4,50 € or 9,- €

Double room comfort rate: 120,- € breakfast 4,50 € or 9,- €

DATE:  SIGNATURE:	<u>PLM10 SECRETARY:</u> Birgit Erdfelder Hochschulring 20 28359 Bremen Tel.: + 49 421 218 5512 Fax: +49 421 218 5610 <a href="mailto:er@biba.uni-bremen.de">er@biba.uni-bremen.de</a>
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