

October 24–26, 2020

HOTEL ACCOMMODATION



Please book your Hotel online at: <https://www.hodgkinsymposium.org/hotels>

send an email to info@hodgkinsymposium.org or send a fax to: +49 (0) 2102.96 48 29

INDIVIDUAL REGISTRATION

Title _____

First Name _____

Last Name _____

Institution _____

Address _____

Zip / Post Code _____

Country _____

Phone _____

Fax _____

E-Mail _____

GROUP REGISTRATION

Group Contact Name _____

Institution / Group _____

Address _____

Zip / post code _____

Country _____

Phone _____

Fax _____

E-Mail _____

Number in Group _____

All brochures and correspondence relating to the group will be sent to the group contact.

ACCOMMODATION:

Rooms are available in the following
Cologne City-Centre Hotels:

Hotel	Single Room	Double Room
Dorint Hotel Am Heumarkt Köln min. stay 3 nights (incl. breakfast) Bookable before 10.08.2020	<input type="checkbox"/> € 214,00	<input type="checkbox"/> € 254,00
Booking Code: Hodgkin 2020		
Maritim Hotel Köln (incl. breakfast) Bookable before 05.08.2020	<input type="checkbox"/> € 173,00	<input type="checkbox"/> € 217,00
Booking Code: Hodgkin 2020		
Hotel Motel One Köln (excl. breakfast) 23.–26.10.2020	<input type="checkbox"/> € 89,00	<input type="checkbox"/> € 104,00
26.–27.10.2020	<input type="checkbox"/> € 189,00	<input type="checkbox"/> € 204,00
Bookable before 05.10.2020 Booking Code: Hodgkin 2020		
Eden Hotel Früh am Dom (incl breakfast) 23. and 24.10.2020	<input type="checkbox"/> € 130,00	<input type="checkbox"/> € 155,00
cathedrale view	<input type="checkbox"/> € 165,00	
25.10.2020	<input type="checkbox"/> € 95,00	<input type="checkbox"/> € 120,00
cathedrale view	<input type="checkbox"/> € 130,00	
26.10.2020	<input type="checkbox"/> € 150,00	<input type="checkbox"/> € 175,00
cathedrale view	<input type="checkbox"/> € 185,00	
Bookable before 22.09.2020 Booking Code: Hodgkin 2020		

All bookings have to be secured by a credit card. Please note that we keep only a limited number of rooms per hotel.

PAYMENT OPTIONS

We herewith authorise you to debit our credit card accordingly

Credit Card: Visa Mastercard American Express

Card Number _____

CVC _____ Expiry Date _____

Cardholder's Name _____

Cardholder's Signature _____

Date _____

I INTEND TO STAY

from until