

Inquiry for your meeting at



1. Organizer
 Name: _____
 Contact person: _____
 Street: _____
 ZIP/city: _____
 Phone: _____
 Fax: _____

2. Dates Start of meeting: _____ End of meeting: _____	3. Participants Main Room: _____ Group Room: _____
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4. Room Setting	Main Room <input type="checkbox"/> U-form <input type="checkbox"/> parliamentary <input type="checkbox"/> block <input type="checkbox"/> cinema <input type="checkbox"/> chair circle <input type="checkbox"/> other: _____	Group Room <input type="checkbox"/> U-form <input type="checkbox"/> parliamentary <input type="checkbox"/> block <input type="checkbox"/> cinema <input type="checkbox"/> chair circle <input type="checkbox"/> other: _____
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5. Tech

___ x projector	___ x flipchart	___ x overhead projector
___ x pinboard	___ x presentation case	___ x screen
___ x other: _____		

6. In-Room Beverages	<input type="checkbox"/> apple juice/mineral water <input type="checkbox"/> mineral water <input type="radio"/> unlimited	<input type="checkbox"/> soft drinks <input type="checkbox"/> coffee/tea <input type="radio"/> consumption-based
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7. Catering

<input type="checkbox"/> Welcome coffee Time: _____ <input type="checkbox"/> Coffee break Time: _____ <input type="checkbox"/> Lunch Time: _____	<input type="checkbox"/> Coffee break Time: _____ <input type="checkbox"/> Dinner Time: _____
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Please choose for lunch and/or dinner:

- three-course menu (with choice of 3 mains)
- two-course menu (with choice of 3 mains)
- snack (two sandwiches and one soup per person)
- stand-up snack (selection of finger foods plus either soup or sandwiches)

8. Rooms	<table border="0"> <tr> <th>Number</th> <th>Room Type</th> <th>Persons</th> <th>Arrival</th> <th>Departure</th> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> </table>	Number	Room Type	Persons	Arrival	Departure	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
Number	Room Type	Persons	Arrival	Departure												
_____	_____	_____	_____	_____												
_____	_____	_____	_____	_____												

9. Billing

„FA“ = Company covers costs, „SZ“ = Guests cover the costs

___ meeting package	___ drinks with meals
___ in-room beverages	___ meals
___ room and board	___ other

10. Other Requests

Please send the completed form via fax to +49-(0)261-4065-166
 or via E-mail to tagung@contel-koblenz.de

Privacy Policy

By sending the filled-out form to us, you grant us permission to electronically process and store the provided data.

CONTEL Hotel Koblenz explicitly states that your personal data will neither be disclosed to unauthorized third parties nor used for any means other than to prepare an offer or a subsequent contract.

You may revoke your consent and request the deletion of your data at any time and without stating your reasons by sending an E-Mail to hotel@contel-koblenz.de

The deletion of your data will be executed promptly unless it is still required for the fulfillment of an existing contract.

If a continued storage of your data is still required by fiscal or commercial legislature, there will not be any further processing of your data for any other purpose.