

## Accommodations

# The 2008 Avatar® Professional Course

presented by Star's Edge International



Please complete this form in English.

Please refer to the Course Locations and Information brochure for hotel information.

**Willingen, Germany**  
**July 26 - Aug. 1, 2008**

Reserve with:

Sauerland Stern Hotel  
Kneippweg 1  
34508  
Willingen/Hochsauerland  
GERMANY

Tel: (49) 5 632-4040  
Fax: (49) 5 632-6119

Yes, please arrange accommodations for me.

Family Name \_\_\_\_\_ Date \_\_\_\_\_

First Name \_\_\_\_\_

Street \_\_\_\_\_

City \_\_\_\_\_ State/Local \_\_\_\_\_

Postal/ZIP Code \_\_\_\_\_ Country \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_

Master ID # \_\_\_\_\_ Acct. No. \_\_\_\_\_ E-mail: \_\_\_\_\_

### This is necessary for reservations

**A one night deposit is required to reserve your room.**

*Include your credit card number, money order or bank draft (payable to the hotel) to reserve your room. U.S. hotels require money orders and bank drafts in U.S. dollars.*

Credit Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ Signature: \_\_\_\_\_

I would like a:

- Single room  
 Double room  
 Other \_\_\_\_\_

Special Requests: \_\_\_\_\_

I understand the room rate is:

\_\_\_\_\_

**no other discounts apply**

Arrival date: \_\_\_\_\_

Departure date: \_\_\_\_\_

*(Dates are necessary for reservations.)*

I give the hotel permission to find a roommate for me:

- Yes  No  
 Smoking  Non-Smoking  
 I am a male  I am a female

I already have a roommate.

Roommate's name \_\_\_\_\_

\_\_\_\_\_

*If a roommate is not found,  
you will be charged the single room rate.*

### Note:

The hotel provides classroom space in return for our guarantee of filling sleeping rooms.

So please, if you intend to review with us, plan on staying at the hotel.

