

PartnerCard APPLICATION form
20 € MEMBERSHIP FEE (PER YEAR)
 (PLEASE ENTER DATA IN CAPITAL LETTERS)

PartnerCard
 (for business travellers,
 holidaymakers and families)

PartnerCard Plus
 (for senior guests)

Particulars:

Company name									
Street					Street number				
ZIP/Postal code			City						
Country					Position				
Phone					Fax				
E-mail									

My interests:

<input type="checkbox"/> Beauty and spa	<input type="checkbox"/> Operas and concerts	<input type="checkbox"/> Holidays
<input type="checkbox"/> Golf	<input type="checkbox"/> Overseas travel	<input type="checkbox"/> Cultural- and city trips
<input type="checkbox"/> Hotels with meeting and congress facilities		<input type="checkbox"/> Others

By signing, I also confirm I have no objections to receiving advertising- and/or preference-based offers from Maritim Hotelgesellschaft mbH. The regulations governing personal data protection are adhered to at all times. No advertising materials from other companies will be sent in connection with this waiver.

Invoice Address:

<input type="checkbox"/> Private address	<input type="checkbox"/> Business address
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Personal Data:

***Required Information**

Name*					Title				
First name*									
Street*					Street number*				
ZIP/Postal code*			City*						
Phone (private)					Mobile phone number				
E-mail (private)*									
Date of birth (Day/Mo/Yr)*					Nationality*				
Passport number (number of ID or passport)*					Pass valid until (passport expiration date)*				

Credit Card Payment:

Please deduct my annual membership of 20 € as well as any expenses incurred through use of the associated PartnerCard from my credit card:

<input type="checkbox"/> Eurocard/Mastercard	<input type="checkbox"/> American Express	<input type="checkbox"/> Visa
Credit card number		
Credit card validation		

Preferences:

Room Category:

<input type="checkbox"/> Suite	<input type="checkbox"/> Superior	<input type="checkbox"/> Comfort	<input type="checkbox"/> Classic	<input type="checkbox"/> Smoking	<input type="checkbox"/> Non-smoking	<input type="checkbox"/> Extra large bed	<input type="checkbox"/> Second pillow	<input type="checkbox"/> Rooms with considerations for disabled persons
Others								

My signature signifies my acceptance of the general terms & conditions and guarantees the accuracy of the information I have entered into this application. I hereby grant Maritim Hotelgesellschaft mbH and its contracted third parties the right to save and process my personal information and transactional information associated with the usage of my PartnerCard. Please note: The collection, processing and saving of your data is carried out for purposes of membership in this program only and in accordance with the appropriate laws governing personal data protection.

Card number	<input type="text"/>
	<input type="text"/>

Date, Authorized signature*

Please moisten all round.