

Cost absorption form

For our event / reservation in the restaurant "Schildkröte Berlin", Kurfürstendamm 212, 10719 Berlin.

Name / Company: _____

Date: _____ Time: _____ Number of people: _____

We hereby bindingly confirm the assumption of costs for the above event / reservation. Should we not maintain the reservation, we will inform the restaurant at the latest 5 working days before the event / reservation.

The following costs will be incurred for cancellations made after the deadline (compensation for damages within the framework of VAT, also individual persons):

from 5 working days before the reservation date	\rightarrow	15 Euro per canceled seat*
from 4 working days before the reservation date	\rightarrow	20 Euro per canceled seat*
from 2 working days before the reservation date	\rightarrow	25 Euro per canceled seat*

*When calculating the final cancellation costs, the number of cancelled seats will be charged with the mentioned cancellation costs per seat, graduated by days.

In case of a no-show without cancellation we charge a fee of 30 Euro, plus VAT, per person who did not appear.

Date: _____

Signature: _____

Payment method

Please provide your billing address for the reservation guarantee, as well as the name of the person who may sign the invoice on site. We will invoice any cancellation costs to this address. After consultation, you can also pay the bill of your visit to the Round Table afterwards by bank transfer**.

**Claims invoiced by Tafelrunde Gaststättenbetriebs GmbH are to be settled within 7 days.

The costs incurred by the above event / reservation will be paid on the spot, unless otherwise agreed.

Authorised signatory on site:	
Company:	
Mr/Mrs & Position:	
Street, postcode, city:	
Telephone, e-mail address:	
Date:	Signature: