

Information

Dear guest,

Please sign this form and return it back to us. **Your signature is binding on the required room type. With it you accept the prices according to the price list as well as the terms and conditions of our clinic.**

If you have any questions or need further information please do not hesitate to contact us. We will be happy to advise you: Angelika Schäfer +49 (0) 9741 83 147

We wish you a pleasant trip and are happy to support you on your way to health.

Your team of the Malteser Klinik von Weckbecker

www.facebook.com/weckbecker

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Malteser
Klinik von Weckbecker
Fachklinik für Naturheilverfahren

Reservation

Personal information

Surname _____ Tel. _____

First name _____ Fax _____

Postal code _____ E-Mail _____

Address _____ Country _____

Date of birth _____

Your booking

Date of arrival _____ Date of depature _____

Room type _____ ◯House I ◯House II

Daily rate _____ € or Package _____

How did you hear about us? _____

Sign up to our newsletter

☐ I wish to receive the latest news and special offers relating to Malteser Klinik von Weckbecker (german language only).

Place, Date _____ **Signature** _____

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Sitz: Bad Brückenau | AG Schweinfurt HRB 3217 | Geschäftsführer: Dr. Franz Graf von Harnoncourt, Petra Steil