

# INTERNATIONAL WEEK

24.- 28. November 2025


  
HOCHSCHULE  
DER MEDIEN

# HdM

## Hotel Information for International Week Guests

### Hotel Römerhof

 [roemerhof-kulinarium.de/roemerhof/](https://roemerhof-kulinarium.de/roemerhof/)

 Telephone: +49 711 687880

 **Reserved contingent of rooms:** 15 (first come first serve)


 **Room:** Single room


 **Price:** 87,12 Euros per night


 **Breakfast included:** Yes

 **Amenities:** Free wifi, free parking, hair dryer, restaurant in-house

 **Distance to HdM:** 10 minute walk


 **Arriving from the Stuttgart Airport:** Local train S2 direction Bad Cannstatt/Hauptbahnhof, get off at the stop *Universität* and walk to the hotel.


 **Arriving from the Stuttgart City Centre:** Local train S1 direction Herrenberg, S2 direction Filderstadt or S3 direction Vaihingen, get off at the stop *Universität* and walk to the hotel.


 **Book until:** 31 October 2025

 **Arrival:** From 3pm, if later than 9pm, please inform the hotel staff

 **Departure:** By 11am

 **Booking:** Please book by sending an email to [info@roemerhof-kulinarium.de](mailto:info@roemerhof-kulinarium.de) and mention that you book as part of the "HdM International Week"

 **Does your university cover for your accommodation cost?**  
Please find the credit card authorization form attached. Please send it back to the hotel.  
You can of course also pay on arrival.

 **Cancellation conditions:**  
By 31 October 2025: Free of charge  
After 31 October 2025: 80% of the room price will be charged if reselling the room is not possible.  
No-show/early departure: 90% of the room price will be charged.

Hotel Römerhof, Robert-Leicht-Straße 93, 70563 Stuttgart  
Tel.: 0049 (0) 711 68788 – 0 Fax.: 0049 (0) 711 68788 – 60  
[info@roemerhof-kulinarium.de](mailto:info@roemerhof-kulinarium.de)



## Credit Card Authorization

Cardholder Name: \_\_\_\_\_

Billing Address: \_\_\_\_\_

Name

Streetname /Building number

Postcode

Town

Country

Phone Number: \_\_\_\_\_

e-mail: \_\_\_\_\_

Credit Card: ☐ Visa ☐ Amex ☐ Mastercard ☐ Diners ☐ \_\_\_\_\_

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

ExperationDate \_\_ / \_\_\_\_

Please charge my credit card € \_\_\_\_\_ as Payment for

legal Servicesfor \_\_\_\_\_.

Authorized Signature \_\_\_\_\_ Date: \_\_\_\_\_

Card Copy: