

Refund form*

Last name: _____

First name: _____

Event: _____

Quantity: _____

Contact details (phone/e-mail): _____

Please note, that a refund can only be permitted in conjunction with the tickets (original, in copy or via mail at ticket@adk.de).

Bank details

Bank: _____

Account holder: _____

IBAN: _____

BIC: _____

I hereby agree that my data will be used for the process of reimbursement. As soon as the transfer is completed all personal information will be deleted.

Signature: _____

*Please note, that this form is only intended for tickets, purchased directly at the ticket counters (Hanseatenweg 10 and Pariser Platz 4).