

HOTEL REGISTRATION FORM

Name: Dr. / Professor: _____
(Surname) (First Name) (Middle Name)

Sex (Male / Female): _____

Mailing Address: _____

Country City Local No.

Country City Local No.

E-mail Address: _____

Strongly preferred for rapid communication

Accompanying Persons:

	Age	Sex M/F
	Age	Sex M/F
	Age	Sex M/F
	Age	Sex M/F

Arrival Date: _____ Time: _____

Departure Date: _____ Time: _____

Accommodation details

Your room type Single: _____ Double: _____ Family*: _____

*** Family rooms will be available on special request**

Payment of one night tariff must be received with your registration to secure your booking.

Deadline for the accommodation booking is December 31, 2007.