

American Express Travel Service
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International Symposium on
Trends in Radiopharmaceuticals
(ISTR-2005)
Vienna, Austria, 14–18 November 2005

HOTEL RESERVATION FORM

All requests for hotel reservations should be made by completing and faxing or mailing this form to the above address by **07 October 2005**. Please note that reservations received after this date cannot be guaranteed. **Please complete in block letters.**

LAST NAME _____ FIRST NAME _____

POSTAL ADDRESS _____

_____ COUNTRY _____

Telephone _____ Fax _____ E-Mail _____

Please insert name of your preferred hotel and give 2 alternatives. Should a room not be available in one of these hotels, a reservation will be made for you in a hotel of the desired category.

Name of Hotel	Single	Double	Remark

A block reservation has been made from 13-19 November 2005.

Arrival Date: _____ Departure Date: _____

Payment Conditions/Deposit:

- 1.) By credit card (payment to be settled at the hotel):
 AMERICAN EXPRESS VISA MASTER/EUROCARD DINERS CLUB
Card no.: _____ Valid until: _____
- 2.) In the absence of a credit card, a deposit of €100 is required, payable to AMEX.
This cheque will be returned to you during the meeting.

Without the above the reservation cannot be guaranteed. Please note that in any case the full payment should be settled with the hotel directly. If you have to cancel please inform us in time to avoid no-show fees.

Date: _____ Signature: _____