CONGREX
PO Box 5619, 114 86 Stockholm, Sweden
Tel: +46 (0)8 459 66 00, Fax: +46 (0)8 661 91 25

International Conference on Protection of the Environment from the Effects of Ionizing Radiation
Stockholm, Sweden, October 6-10, 2003

HOTEL BOOKING AND SOCIAL PROGRAMME REGISTRATION FORM

PARTICIPANT

Family name I I I I I I I I I I I I I I I I I First name I I I I I I I I I I I I I I

Date of birth _____ Passport N° _____

Affiliation/Organisation _____

Address _____

City _____ Zip Code _____ Country _____

Telephone _____ Fax _____ E-mail _____

ACCOMPANYING PERSON

Family name I I I I I I I I I I I I I I I I I First name I I I I I I I I I I I I I I

Date of birth _____ Passport N° _____

ACCOMMODATION

Arrival date in Stockholm: _____/_____/2003
Departure date: _____/_____/2003
N° Single Rooms: _____
N° Double Rooms: _____

My first choice of hotel is:
_____

My second choice of hotel is:
_____

Category	Hotel	Single room SEK/night	Double room SEK/night
A	Nordic Hotel	1980	1980
B	Rica City Hotels	1436	1634
B	Wallin Hotel	1355	1605
C	Hotel Tegnérlunden	1150	1480
D	Hotel Vanadis	540-640	585-686

Breakfast and VAT are included in the prices.
SEK 100 = USD 12.92, June 2003,www.oanda.com.

☐ I will make my own hotel arrangements and do not need assistance from Congrex

☐ I would like to book accommodation for an extra night on my return to Stockholm from Oskarshamn on 11 October, 2003.
Re-arrival date in Stockholm: 11 / 10 /2003
Departure date: _____/_____/2003
N° Single Rooms _____
N° Double Rooms _____

The cost of the hotel room will be paid directly to the hotel upon departure. Please indicate a credit card number below to guarantee your booking. The credit card number will be forwarded to the hotel and your hotel costs will be charged to this credit card.

☐ American Express ☐ VISA ☐ Eurocard/Mastercard

Credit card number I I I I I I I I I I I I I I I I I expiry date I I I I I

I, the undersigned, hereby confirm that **if** I will not use the room booked, the hotel has the right to charge my credit card of the price for one night.

Signature _____ Date _____

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SOCIAL PROGRAMME – Please tick in order to obtain a ticket!

	Yes	No	Price/person	No. of persons	SEK total
Welcome Cocktail, 5 October	☐	☐	Free	_____	_____
Reception at the City Hall, 6 October	☐	☐	Free	_____	_____
Conference Dinner, 8 October	☐	☐	350 SEK	_____	_____
TECHNICAL TOURS – Please tick in order to obtain ticket!					
Technical pre tour: SFR waste repository, 5 October	☐	☐	200 SEK	_____	_____
Technical post tour: Oskarshamn Rock Lab., 10-11 October	☐	☐	1000 SEK	_____	_____
Please choose two of the possible visits below:					
Äspö Hard Rock Laboratory	☐	☐	Included in tour	_____	_____
CLAB	☐	☐	Included in tour	_____	_____
The Canister Laboratory	☐	☐	Included in tour	_____	_____

TOTAL AMOUNT DUE TO CONGREX, SEK ☐

SEK 100 = USD 12.92, June 2003,www.oanda.com.

Cancellation and change policy:
Notification of cancellation of social events must be sent in writing to Congrex. Cancellations will be accepted until 5 September 2003, up to which date the total amount will be refunded. We regret that no refunds can be made for cancellations received after 5 September 2003.

Notification of cancellation of hotel reservation must be sent in writing to Congrex. Cancellation of hotel reservations will be accepted until 5 September 2003. For cancellation after 5 September 2003 the hotel has the right to charge your credit card minimum one night, maximum full stay reserve.

Payment details:
We regret that we are unable to accept private cheques, company cheques or Eurocheques. Please indicate below which means of payment you intend to use. Delegates who have made late payments, should bring a copy of their receipt to the conference. Failure to present this receipt on request gives Congrex the right to charge the amount to your credit card.

☐ Banker's Draft ☐ Bank account No. 5267-10 216 90
Address: SEB, SE-106 40 Stockholm, Sweden, SWIFT Code: ESSESESS

☐ American Express ☐ VISA ☐ Eurocard/Mastercard

Credit card number I I I I I I I I I I I I I I I I I expiry date I I I I I

I, the undersigned, hereby confirm that I am fully aware of the cancellation conditions stipulated on this form. I hereby authorise Congrex to debit this credit card account for the total amount due. I also consent to Congrex debiting or crediting my credit card account with the amount of any subsequent change(s) to the items booked.

Signature _____ Date _____

Please make sure to indicate the following on all money transfers: Congrex Sweden AB, Attn: IAEA, Payment reference number 327 and your name. Tours and social events will be confirmed when Congrex has received payment. Hotel reservations will be confirmed when Congrex has received a credit card number to guarantee the reservation.

Please return this form to:
Congrex Sweden AB, Attn: IAEA, PO Box 5619, 114 86 Stockholm, Sweden. Fax: +46 (0)8 661 91 25