

American Express Travel Service
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International Conference on Isotopic and Nuclear
Analytical Techniques for Health and Environment
Vienna, Austria, 10 – 13 June 2003

HOTEL RESERVATION FORM

All requests for hotel reservations should be made by completing and faxing or mailing this form to the above address by **5 May 2003**. 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 indicate of your preferred hotel below and give 2 alternatives.
A block reservation has been made from 9 – 14 June.

NAME OF PREFERRED HOTEL	SINGLE	DOUBLE	REMARKS

ARRIVAL DATE _____ DEPARTURE DATE _____

Guarantee/Deposit:

- By credit card (payment to be settled at the hotel):
AMERICAN EXPRESS VISA DINERS CLUB MASTER/EUROCARD
Card Number: _____ Valid until: _____
- In the absence of a credit card, a deposit of EUR 150,-- is required and should be paid as follows: A cheque mailed to American Express, which will be returned to you during your stay.

Without credit card number or deposit the reservation cannot be guaranteed. Please note that in any case the full payment should be settled directly with the hotel.
The confirmation of your hotel will be sent to you approx. 14 days before arrival. If you have to cancel please inform us on time, otherwise a one-night fee will be charged.

Date: _____ Signature: _____