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06 – 10 October 2003  
Int'l Symposium on Applications of Gene-based  
Technologies for Improving Animal Productions  
and Health in Developing Countries

### HOTEL RESERVATION FORM

All requests for hotel reservations should be made by completing and faxing or mailing this form to the above address by **1 September 2003**. Please note that reservations received after this date cannot be guaranteed. Please complete in block letters:

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Company: \_\_\_\_\_ Country: \_\_\_\_\_

Telefon \_\_\_\_\_ Fax: \_\_\_\_\_ E-Mail \_\_\_\_\_

Please mark name of your preferred hotel and give 2 alternatives.

Name of Hotel	Single	Double	Remarks/I would like to share with:

A block reservation has been made from 05 – 11 October 2003

Arrival Date: \_\_\_\_\_ Departure Date: \_\_\_\_\_

Guarantee/Deposit:

- By credit card: AMEX .. VISA .. DINERS .. MASTERCARD..

Card NO: \_\_\_\_\_ Valid until: \_\_\_\_\_

- If no credit card is available a cheque of EUR 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: \_\_\_\_\_