

REGISTRATION FORM
The 4th Scandinavian Forum for Travel Medicine 2004
May 9-11, 2004

409/

Please print your name below !

Family name: _____
 First name: _____ Title/Profession: _____
 Organisation/Company: _____
 Mailing address: _____
 Postal code: _____ City: _____
 Country: _____
 Telephone: _____ Telefax: _____
 (country code - area code - number) (country code - area code - number)
 E-mail: _____
 Accompanying person(s): _____

REGISTRATION

**Please see the Invitation programme for details on VAT regulations*

CONFERENCE

	Price SEK	No. of persons	Total SEK	(Code)
Fees excl. VAT				
Fee received before March 12, 2004	2950	1	_____	(001)
Fee between March 12 -April 16	3800	1	_____	(004)
Fee received after April 16	4300	1	_____	(007)
Fees incl. VAT				
Fee received before March 12, 2004	3688*	1	_____	(002)
Fee between March 12 -April 16	4750*	1	_____	(005)
Fee received after April 16	5375*	1	_____	(008)
Accompanying person				
Accompanying persons fee	1250*	1	_____	(015)
Social Programme				
<i>Delegates & Accompanying persons</i>				
Get-together Reception, Sunday May 9	incl.	_____	<input type="checkbox"/> yes <input type="checkbox"/> no	(300/301)
Lunch Reception Stockholm City Hall, Monday May 10	incl.	_____	<input type="checkbox"/> yes <input type="checkbox"/> no	(303/304)
Conference Dinner, Monday May 10	incl.	_____	<input type="checkbox"/> yes <input type="checkbox"/> no	(306/307)

Total SEK _____

**Any VAT increment will be specified in the confirmation letter. StoCon's VAT registration number is SE556127722801.*

ACCOMMODATION

Arrival: _____ / _____

Departure: _____ / _____

	Single / Double room		Single / Double room
Hotels		Hotels	
Comfort Hotel Stockholm	<input type="checkbox"/> 1185 -	Nordic Sea Hotel	<input type="checkbox"/> 1780 <input type="checkbox"/> 1980
Rica City Hotel Kungsgatan	<input type="checkbox"/> 1485 <input type="checkbox"/> 1710	Rica City Hotel Stockholm	<input type="checkbox"/> 1485 <input type="checkbox"/> 1710
Scandic Hotel Continental	<input type="checkbox"/> 2295 <input type="checkbox"/> 2595	Wallin Hotel	<input type="checkbox"/> 1355 <input type="checkbox"/> 1605

Room requested for: Non smoker Smoker Late arrival (after 22.00 hrs)

Rates are in SEK and valid per room and night and inclusive of breakfast buffet, service and 12% VAT.

Hotel reservations will only be confirmed when StoCon has received your credit card guarantee, see below *

PAYMENT

Payment of the arrangement fee should be made in SEK, to Stockholm Convention Bureau.

- Banker's Draft (Personal or Company cheques cannot be accepted)
- Bank Account, SEB Banken, Stockholm No 5267-10 066 16, SWIFT-address ESSESESS
IBAN Account No SE7350000000052671006616
- Postgiro 65 37 38-5 (from Nordic countries) Bankgiro 644-8773 (within Sweden only)

*) Guarantee for hotel room by:

- Eurocard/Mastercard Diners Club American Express Visa

Charge my card no. _____

Expiry date: _____ Total SEK: _____

Cardholder: _____

I have read the general information and approve the planned processing of my personal data.

Date: _____ Signature: _____

PLEASE RETURN THIS FORM TO: Stockholm Convention Bureau, Box 6911, SE-102 39 Stockholm, Sweden, Fax: +46 8 5465 1599

Remember to take a copy for your own record