WSOM'99 Housing and Travelling Registration Form

Name
Accompanying person's name (needed for the hotel)

Flight schedule and costs

Flight route (e.g., London – Helsinki – London)
Arrival at Helsinki (flight number, date, time)
Departure from Helsinki (flight number, date, time)
Traveling costs in euros
EUR

Refund

Please note that we are unable to pay for the flights of possible accompanying persons.

I would like to have the refund paid (please mark below)

❍ in cash (FIM only!) at the workshop registration desk.

❍ with a bank cheque (EUR) at the workshop registration desk.

❍ by bank transfer to

Bank:
Account number:
Account holder:
Swift address:

❍ to a credit card (mark below)

❍ Visa ❍ Mastercard ❍ Eurocard	
Card holder	
Card number	Expiration date (month/year)

Social programme

❍ I intend to participate the Banquet: ❍ 1 person
❍ 2 persons

Special wishes

❍ Non-smoking room

Other requests, for example a special diet

Date____

Signature

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Please mail or fax this form by May 24, 1999 to

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