

REGISTRATION FORM FOR AKRR'05

PARTICIPANT INFORMATION

Mr / Ms
Family Name: _____
First Name: _____
Title/Position: _____
Institution/Company: _____

Address: _____
City: _____
Zip-code: _____
Country: _____

Telephone: _____
Fax: _____
Email: _____

ACCOMPANYING PERSON INFORMATION

Mr / Ms
Family Name: _____
First Name: _____

REGISTRATION FEE FOR THE CONFERENCE

The registration fees include admission to all sessions, an invitation to lunches and coffee breaks, the welcome reception and the banquet. Only the full registration fee includes all conference proceedings. A proof of student status required to register as a student delegate.

AKRR'05 registration	Early / <i>Late (After 21st March, 2005)</i>
Full delegate:	<input type="checkbox"/> EUR 390 / EUR 450
Student delegate:	<input type="checkbox"/> EUR 300 / EUR 350
Accompanying person:	<input type="checkbox"/> EUR 100 / EUR 100
One day participation:	<input type="checkbox"/> EUR 220 / EUR 175 (student)
AMKLC'05 symposium:	<input type="checkbox"/> (Included in the AKRR fee)
KRBIO'05 symposium:	<input type="checkbox"/> (Included in the AKRR fee)
Total:	EUR _____

DIETARY REQUIREMENTS

lactose free
 milk free
 vegetarian
 vegan
 gluten free
 diabetic
 other, which: _____

RULES OF PAYMENT :: All payments are to be free of any bank charges of the paying person or organisation. Remember to indicate the name of the delegate(s) in the bank transfer note and send a copy of the bank receipt together with the registration form. The payments should be covered by (date). Only a payment in due time will guarantee a room reservation. Only written cancellation will be noted. If the cancellation is received by May 30th, 2005 the participation fee will be refunded discounting a handling fee of 60 euros.

ACCOMMODATION

Arrival date: DD ____ MM ____ Departure date: DD ____ MM ____
dbl / sgl / shared
Hilton Helsinki Kalastajatorppa 215 / 180 / 108 / night
Radisson SAS Hotel Espoo 172 / 155 / 86 / night
Hostel Academica 75 / 55 / 38 / night

Single room Double room
Shared double with delegate (full name): _____

If the delegate cannot name a person to share a room with, but wishes to do so, we cannot guarantee this option unless there are other delegates of the same sex wishing to do so as well.

Nights: _____ Room charge total: _____

The hotel fee will be charged together in advance by the conference office. Room reservations are recommended to be made before 12th March, 2005. Rooms are available until 14th May, after which rooms can be reserved by request only. Room reservations are valid on reception of hotel deposit equal to one (1) night's stay from the attendee and a confirmation letter from the conference office.

The reservation can be cancelled without expenses before 10th May, 2005; with one (1) night's fee between 11th and 31st May; after 1st June, the full charge is on the attendee.

PAYMENTS

Conference fee: EUR _____
Room reservation: EUR _____
TOTAL: EUR _____

It is recommended to settle the payments by bank transfer SWIFT to the account: **INCINT - Incentives Management Ltd.**

Re: AKRR 05

Nordea, Helsinki, Fredrikintori 132 830 – 415 89

SWIFT NDEAFIHH

IBAN FI51 132830 000 41589

You can also use a credit card (Visa, Eurocard, Mastercard)

Card number: _____
Card holder's name: _____
Card holder's address: _____
Expiry date: _____
CVC number / three (3) last digits on the signature panel: _____

I authorise the use of my credit card for the charge of the above mentioned sum.

Date: _____ Signature: _____

Kindly issue an invoice to: _____

Address: _____

City: _____

Postal code: _____

Country: _____