



HOTEL ACCOMMODATION FORM
12th Annual Conference of the European BioSafety Association
15 – 17 June 2009, Stockholm/Sweden
Please complete and send not later than May 1, 2009 to:

Clarion Hotel att. Yvonne Larsson
Ringvägen 98, Stockholm

Fax 0046 8 4621099

Booking Code: 2059R220629

Mr. Mrs.

Last name: _____ First name: _____

Organisation: _____

Street: _____ P.O. Box: _____

Postal Code/City: _____ Country: _____

Phone: _____ Telefax: _____

E-Mail: _____

I hereby make a firm reservation for

Arrival date _____ at approx. _____ hours

Departure date _____

Single room 1495,-- SEK

Reservations will be done on a "first come, first served" basis.

The price is quoted in SEK is per room/night including breakfast, service and all taxes.

Hotel costs to be paid directly at the hotel upon departure.

In order to guarantee your reservation we kindly ask you to indicate your credit cards details.

Your card will only be charged if cancellation fees apply.

Card type

Mastercard

VISA

AMEX

Diners

Card No: _____ Valid until: __/__/__

Card Verification Value1) _____

Place, Date

Company stamp and signature

1) These are 3 digits (AmEx: 4 digits) in the sign field on the backside of your creditcard at the end of the card number (AmEx: in front of your creditcard above the card number)