



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:

Elite Palace Hotel att. Linnea Sandlund
St. Eriksgatan 115, Stockholm

Fax 0046 8 56621711

Booking code DECH090614

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 (superior) 1318,-- SEK

Single room (deluxe) 2000,-- 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)