



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

Hotel Stallmästaregarden      att. Pernilla Agebratt  
Norrtull, Stockholm

**Fax 0046 8 6101340**

**Booking Code 121336**

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 (street view) 1895,-- SEK**  
**Single room (deluxe) 2295,-- SEK**

**Single room (garden view) 2095,-- SEK**  
**Single room (executive) 3295,-- 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)