

12th AEP Congress - Association of European Psychiatrists

Geneva, Switzerland, April 14-18, 2004

ACCOMMODATION FORM

Please PRINT in BLOCK LETTERS and FAX, EMAIL or AIRMAIL to:

KUONI TRAVEL Ltd.
Incoming Services
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CH-1202 Geneva
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Identification

Please complete this section accurately. The information you provide will allow us to correspond with you efficiently.

Participant (Please TYPE or PRINT IN BLOCK LETTERS)

Family Name Initials

First name

Title Prof. Dr. Mr. Mrs. Ms.

Mailing Address Office

Institute/Company Dept.

No. Street Suite/Apt.

City State/Province Country Postal Code

Telephone (office hours): Country code/city code/number Fax: Country code/city code/number

E- Mail Address

Accommodation in Geneva Hotels

Type of room required Single Double* Other _____

First Choice Hotel Second Choice Hotel

Check In Check out Total night/s

* I will share my accommodation with _____

Family Name: _____

Payment

Please indicate the amount enclosed and preferred mode of payment. Ensure that you send your fully completed accommodation form together with your payment:

Hotel Deposit : CHF _____ (one night deposit in your first choice hotel)

Option 1: Credit Card –

Visa MasterCard Diners American Express

Number _____ Expiry Date (month/year) _____

Name as shown on card:

Family Name _____ First name _____

Signature _____ Date (day/month/year) _____ Passport number _____

Option 2: Bank Transfer –

With your name and address indicated. If payment is made for more than one person or by a company please make sure all names are indicated. Please transfer your payment to the following account: Kuoni Travel Ltd, Credit Suisse Bank, 1211 Geneva 70, Switzerland, Account number 4251-380510-71, Swift: CRESCHZZ 12A, Ref. AEP12. Bank charges are the responsibility of the payee and should be paid at source in addition to the accommodation fees.

Date _____ Signature _____