

ACCOMMODATION: Please indicate hotel preference:

Hotel	Single room	Double room
Hilton Executive rooms	<input type="checkbox"/> € 270	<input type="checkbox"/> € 280
Hilton Standard rooms	<input type="checkbox"/> € 140 single for single use <input type="checkbox"/> € 210 double for single use	<input type="checkbox"/> € 240
Antiche Mura	<input type="checkbox"/> € 170	<input type="checkbox"/> € 190
Bellevue	<input type="checkbox"/> € 160 Garden view <input type="checkbox"/> € 170 Sea view	<input type="checkbox"/> € 180 Garden view <input type="checkbox"/> € 180 Sea view
Conca Park	<input type="checkbox"/> € 140 Single for single use <input type="checkbox"/> € 180 double for single use	<input type="checkbox"/> € 200
Grand Vesuvio	<input type="checkbox"/> € 170	<input type="checkbox"/> € 190
Palazzo Guardati	<input type="checkbox"/> € 140	<input type="checkbox"/> €160
Vila Maria Sorrento	<input type="checkbox"/> € 85 Single for single use <input type="checkbox"/> € 105 double for single use	<input type="checkbox"/> € 115

All rates are per room, per night and include VAT and breakfast. Early reservation is highly recommended!

RESERVATION:

When booking, please complete this hotel reservation form and return to Kenes International, no later than October 16, 2006. Requests will be accepted thereafter, however, hotel accommodation is subject to availability, and cannot be guaranteed. **After this deadline, bookings are only possible against full payment by credit card.**

Type of room required Single Double* Other

Check In _____

Check out _____

Total night/s _____

* I will share my accommodation with: _____

PAYMENT

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

Registration Fees Euro _____

Deposit for Hotel Accommodation Euro _____ (deposit of **200 €** per room)

Total: Euro _____

Option 1: Credit Card .

Visa MasterCard Diners Amex

Number _____ Expiry Date (month/year) _____

Name as shown on card: _____

Family Name _____ First name _____

Option 2: Bank Transfer - with your name and address indicated on the reverse. If payment is made for more than one person or by a company please make sure all names are indicated and send fully completed registration and accommodation forms together with a copy of the bank transfer. Please make drafts payable to "Autoimmunity 2006 " Bank Account Credit Suisse Bank Geneva, 1211 Geneva 70, Switzerland
Bank code: 4251, Swift No: CRESCHZZ12A, IBAN No: CH48 0425 1069 3980 5204 7, Bank Account: 693980-52-47
Bank charges are the responsibility of the participant and should be paid at source in addition to the registration and accommodation fees.

Option 3: Cheque made payable to: "Autoimmunity 2006"

Enclosed cheque number: _____ Bank : _____

CANCELLATION POLICY – HOTEL ACCOMMODATION. All changes or cancellations have to to be made in writing to Kenes International. Please do not contact the hotel directly.

In the event of non-arrival, the hotel will automatically release the reservation, and payment will be non-refundable.
Cancellation received by August 20, 2006 – full refund less bank charges
Cancellation received by September 20, 2006 – first deposit will be charged (€200)
Cancellation received after October 29, 2006 – no refund

Date _____ Signature _____

By signing this form you authorize KENES INTERNATIONAL to charge the above credit card for the balance of your account three weeks prior to your arrival for services ordered.