

# 9th INTERNATIONAL CONFERENCE ON THE MECHANICAL BEHAVIOUR OF MATERIALS

May 25 - 29, 2003

## ACCOMMODATION AND TOURS FORM

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

**KUONI TRAVEL Ltd.**  
**Incoming Services**  
 Rue de Lausanne 54  
 CH-1202 Geneva  
 SWITZERLAND  
 Tel: ++41 22 908 1855  
 Fax: ++41 22 908 1835  
 E-Mail: ICM9@kuoni.ch

### 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)

\_\_\_\_\_ Initials \_\_\_\_\_  
 Family Name

\_\_\_\_\_  
 First name

Title  Prof.  Dr.  Mr.  Mrs.  Ms.

**Mailing Address**  Office

\_\_\_\_\_ Dept. \_\_\_\_\_  
 InSTITUTE

\_\_\_\_\_ Suite/Apt. \_\_\_\_\_  
 No. Street

\_\_\_\_\_ Postal Code \_\_\_\_\_  
 City State/Province Country

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

\_\_\_\_\_  
 E-Mail Address

### Accommodation in Geneva Hotels

Type of room required  Single  Double\*  Other \_\_\_\_\_

\_\_\_\_\_ Second Choice Hotel \_\_\_\_\_  
 First Choice Hotel

\_\_\_\_\_ Total night/s \_\_\_\_\_  
 Check In Check out

\* I will share my accommodation with \_\_\_\_\_

### Optional Tours

	Tour To	Date	Hours	Rate	No. of Seat/s
<input type="checkbox"/> A	Interlaken & Schilthorn (Pre-conference tour)	<i>Sunday, May 25, 2003</i>	08:00-17:00	CHF 267.-	
<input type="checkbox"/> B	Olympic Museum in Lausanne + Swiss Wine Tasting	<i>Wednesday, May 28, 2003</i>	14:00-19:00	CHF 105	
<input type="checkbox"/> 1	Chamonix	<i>Monday, May 26, 2003</i>	09:00-17:00	CHF 158.-	
<input type="checkbox"/> 2	Gruyere and Berne	<i>Thursday, May 29, 2003</i>	09:00-17:00	CHF 147.-	

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 selected 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 forward bank transfer to: Kuoni Travel Ltd, Credit Suisse Bank, 1211 Geneva 70, Switzerland, Account number 4251-380510-71, Swift: CRESCHZZ 12A, Ref. ICM9. Bank charges are the responsibility of the payee and should be paid at source in addition to the accommodation fees.

Date

Signature \_\_\_\_\_