

ACCOMMODATION

Participant's name _____

See the list of hotels in the 2nd Announcement pages 14-17. Name your first, second and third choice. If no rooms are available in the hotel of your preference, we will book you to the best possible alternative available.

First choice _____

**I'm interested in home
hospitality accommodation**

Second choice _____

Third choice _____

Room Type: Single room (1 person, 1 bed) Twin room (2 persons, 2 beds) Room for 3-5 persons

Date of Arrival _____ Date of Departure _____

Time of arrival in Tampere _____

Extra bed for a child

Room mate _____

Special request for accommodation _____

All accommodation costs will be paid at check-out directly to the hotel. All hotels demand that you give a credit card number when making the hotel reservation. They will debit one night's accommodation from you if you have not cancelled your reservation in advance. All Sokos Hotels will charge the first night's accommodation from your credit card about two weeks before arrival. It is non-refundable in case of a cancellation. Please, make sure you inform your time of arrival on your registration form. If your arrival is later than at 6 pm and you have not informed Tampere Conference Service or the hotel about late arrival, your booking cannot be guaranteed and the cancellation fee (one night) will be charged.

Credit card number: _____

Expiry date (mmyy): _____

Card's verification value on signature panel (3 last digits) _____

Cardholder's name _____

Cardholder's signature _____

A letter of confirmation will be sent to you after we have received your registration fee. Hotel address will be given in this letter.

ACCOMMODATION IN HELSINKI**Room Type:** Single room (1 person, 1 bed) Twin room (2 persons, 2 beds) Extra bed for a child **Price Category:** 1st class tourist budget **Room reservation fee
EUR 12 per room**

Date of Arrival _____ Date of Departure _____

Time of arrival in Helsinki _____

Room mate _____

PAYMENT**Your booking is valid when we have received your payment in full.**All payments should be made in EUROS. Cheques are NOT accepted. Please write your NAME on all your money transfers.Account holder: **IFCO Conference 2002**Bank: **Nordea Bank PLC, Tampere, Finland**Account number: **114630-1045274**Swift address: **MRITFIHH**Method of payment: Bank transfer VISA Eurocard Master Card Credit card number: Expiry date (mmyy): / Card's verification value
on signature panel
(3 last digits)

Cardholder's name _____

Cardholder's signature _____

TOTAL EUR**PLEASE FAX OR MAIL THIS REGISTRATION FORM TO:**

**TAMPERE CONFERENCE SERVICE LTD.
BOX 630
FIN-33101 TAMPERE
FINLAND**

Fax: +358-3-222 6440

Tel: +358-3-366 4400

e-mail: ifco@tampereconference.fi

Web-site: www.perhehoitoliitto.fi/ifco2002.com