

TRANSFORMATION GROUPS AND RELATED TOPICS

4 - 9 August 2003, Helsinki, Finland

Please return this form to:

CONGRESZON LTD.

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FIN-00210 Helsinki, Finland

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Fax: +358 9 5840 9555

REGISTRATION FORM

Please type or print. Only one delegate per form

PARTICIPANT

If you are an invited speaker and therefore exempted from the registration fee, please mark 'speaker' below.

Surname		First name(s)	
Institute			
Mailing address		<input type="checkbox"/> work	<input type="checkbox"/> home
City code and city		Country	
Telephone		Telefax	
E-mail			
Surname		First name	
Surname		First name	

ACCOMPANYING PERSON(S)

REGISTRATION FEES

	EUR = €	€/person	No. of pers	€/total
Participant	registration until 15 April 2003	100		
	registration after 15 April 2003	125		
Accompanying person(s)		25		
Opening and Get-together Party	Monday, 4 August 2003	-		
City Reception	Tuesday, 5 August 2003	-		
Excursion to Suomenlinna Fortress Island	Thursday, 7 August 2003	-		
Conference Dinner in Suomenlinna	Thursday, 7 August 2003	50		
Dinner alternatives (tick your choice)	<input type="checkbox"/> meat <input type="checkbox"/> fish <input type="checkbox"/> vegetarian			
Hotel deposit per room / one night's room rate (mark the amount)				
TOTAL EUR				

SOCIAL PROGRAMME

HOTEL DEPOSIT

ROOM RESERVATION

SOKOS HOTEL HELSINKI	<input type="checkbox"/> Single room EUR 136	<input type="checkbox"/> Double room EUR 162
HOTEL CUMULUS KAISANIEMI	<input type="checkbox"/> Single room EUR 101	<input type="checkbox"/> Double room EUR 128
HOTEL MARTTA	<input type="checkbox"/> Single room EUR 97	<input type="checkbox"/> Double room EUR 120
EUROHOSTEL	<input type="checkbox"/> Single room EUR 49,70	<input type="checkbox"/> Double room EUR 55,40

Rates are per night and room including breakfast and VAT.

Date of arrival _____ Date of departure _____

Remarks _____

PAYMENTS

Please charge my credit card: Eurocard MasterCard VISA

Credit card number _____ Expiry date _____

Card verification value number (CVV or CVC) placed on signature panel (last 3 digits) _____

Amount in EUR _____ Card holder's signature _____

Card holder's name _____

A payment of EUR _____ has been transferred to the account of CONGRESZON LTD.

Bank: SAMPO BANK, 00075 Sampo, Helsinki, Finland

IBAN (Int. Bank Account No.): FI18 8000 1070 7668 53 SWIFT / BIC code: PSPBFIHH

Account No. for Finnish participants: 800010-70766853

Please mark 'Transformation Groups' and participant's name as a reference.

REMARKS (e.g. diets)

Date _____

Signature _____