

15th Congress on Alternatives to Animal Testing University of Linz, Austria, September 19th-21st 2008

Please return this form to: KUONI Incoming Services, KUONI Congress Vienna, Lerchenfelder Guertel 43/4/1, A-1160 Vienna
Tel.: +43 (0)1 319 76 90-0 Fax: +43 (0)1 319 11 80 e-mail: linz2008@at.kuoni.com

Title: _____ First name: _____ Last name: _____

Institution/Company: _____

Street: _____ Postal Code: _____

City: _____ Country: _____

Tel.: _____ Fax: _____ e-Mail: _____

Registration fees (please tick the appropriate)

<i>before</i> August 25 th 2008	General registration fee	Members of MEGAT	Students
<i>after</i> August 25 th 2008	<input type="checkbox"/> EUR 255,-	<input type="checkbox"/> EUR 165,-	<input type="checkbox"/> EUR 90,-
	<input type="checkbox"/> EUR 315,-	<input type="checkbox"/> EUR 205,-	<input type="checkbox"/> EUR 100,-

Social program (please tick the appropriate and specify the numbers of persons; further details: www.zet.or.at)

Saturday 20th 2008 Reception and prize awards

<input type="checkbox"/> Congress participant	rate included in the congress fee		
	<input type="checkbox"/> normal meal	<input type="checkbox"/> vegetarian meal	<input type="checkbox"/> vegane meal
<input type="checkbox"/> Accompanying person(s)	rate per person EUR 30,-	number of accompanying persons: _____	
	<input type="checkbox"/> normal meal	<input type="checkbox"/> vegetarian meal	<input type="checkbox"/> vegane meal

Hotel accomodation (please tick the appropriate, further details: congress-homepage www.zet.or.at)

I herewith make a firm reservation for: Date of arrival: _____ Date of departure: _____

Hotel	Single room	Double room	Deposit
Arcotel Nike****	<input type="checkbox"/> EUR 123,75	<input type="checkbox"/> EUR 138,50	1 night/room
Novotel Linz****	<input type="checkbox"/> EUR 75,-	<input type="checkbox"/> EUR 102,-	1 night/room
Ibis***	<input type="checkbox"/> EUR 70,50	<input type="checkbox"/> EUR 97,-	1 night/room
Sommerhaus***	<input type="checkbox"/> EUR 43,-	<input type="checkbox"/> EUR 80,-	1 night/room
Youth***	<input type="checkbox"/> EUR 40,90	<input type="checkbox"/> EUR 57,80	1 night/room

Room shall be shared with: _____
 Non smoking room preferred Handicapped accessible room
 Others: _____

Special remarks: _____

Terms of payment (please tick the appropriate and fill in the data)

Credit card: Please make sure that the form is signed by the card holder.
 American Express Diners Club Mastercard Visa

Expiry date: _____ Credit card number: _____

Name of the card holder: _____

Signature of the card holder: _____

Payment to the KUONI bank account "15th Congress on Alternatives to Animal Testing" no. 0945 58 368 00, bank code 11000, **IBAN code:** AT 47 1100 0094 5583 6800, **BIC code:** BKAUATWW, Bank Austria Creditanstalt, Nordbergstraße 13, 1090 Vienna, Austria, remarked "free of charge for KUONI Congress Vienna". (Please mention the name of the congress; name and address of the sender have to be clearly marked on every remittance.)

Date: _____ Signature: _____

For details of the social programe, terms of payment and cancellation please visit the congress-homepage

www.zet.or.at

Errors and errata excepted.