



**IASTED 2006 - International Conference
Innsbruck, Austria, February 13 – 15, 2006**

HOTEL RESERVATION FORM

Please return this form **by January 15, 2006** to:

PCO Tyrol Congress * Rennweg 3 * A-6020 Innsbruck * Austria
Tel: +43/512/5936 163, Fax: +43/512/57 56 07
E-mail: iasted@come-innsbruck.at

Sex: male female

Surname:..... First name:.....

Institute/Company:.....

Address:.....

Post Code/ZIP:

Country:

Phone.: Fax:

E-mail:

Please make a reservation in my name as follows:

Hotel Accommodation will be made on your behalf at a hotel in the category that you specify. Please send in your reservation form as soon as possible as the number of rooms available in Innsbruck is limited at this time of the year. Allocation of rooms will therefore be done on a "first come, first served" basis.

Please tick where appropriate.

Hotel category	Single room	Double room
<input type="checkbox"/> A	<input type="checkbox"/> 125.00 - 160.00 €	<input type="checkbox"/> 180.00 - 220.00 €
<input type="checkbox"/> B	<input type="checkbox"/> 80.00 - 115.00 €	<input type="checkbox"/> 120.00 - 150.00 €
<input type="checkbox"/> C	<input type="checkbox"/> 58.00 - 80.00 €	<input type="checkbox"/> 85.00 - 120.00 €
<input type="checkbox"/> D (limited availability)	<input type="checkbox"/> 49.00 - 60.00 €	<input type="checkbox"/> 65.00 - 80.00 €

Arrival date: _____ Departure date: _____

Special Requests (e.g. smoking/non-smoking room) _____

Please state alternative category if 1st choice is fully booked: _____

I will arrive later than 6 pm: yes, at _____ p.m.

All expenses have to be paid directly at the hotel. No hotel deposit is required.
For reservation purposes, however, you are required to fill-in your credit card details. Your credit card will only be charged if cancellation fees apply.

Card type:	<input type="radio"/> VISA	<input type="radio"/> EURO/MASTER	<input type="radio"/> DINERS
Card number:			Expiry date:
Authorised signature:			

*Your reservation can be changed or cancelled free of charge up to January 15, 2006.
For cancellations after this date, or for no-shows, a cancellation fee of 1 night will be invoiced.
Changes of your reservation have to be communicated to our office in writing. Your credit card number may be passed to the hotel.*

Place, date _____ Signature: _____