DAIS'99
28.6.-1.7.1999, Helsinki

Please return this form by 15 May 1999 to:

CONGRESS TEAM/Area Travel Agency Ltd.
P.O.BOX 6 (Päivärinnankatu 1)
FIN-00251 Helsinki, Finland
Tel: Int. +358-9-818383
Telefax: Int. +358-9-4775811

REGISTRATION FORM

Please type or print.

PARTICIPANT

Surname	First name
Affiliation	
Mailing address ☐ work ☐ home	
	Country
Telephone	Telefax
Email	

ACCOMPANYING PERSON

Surname	First name

REGISTRATION FEE

		FIM/person	EUR/person	No. of pers.	Total
Conference	by 15 May	1600	269,10		
	after 15 May	1800	302,74		
Tutorial track (one day)	by 15 May	1000	168,18		
Track A ☐ Track B ☐	after 15 May	1200	201,82		
Single tutorial (half day)	by 15 May	500	84,09		
A1 ☐ A2 ☐ B1 ☐ B2 ☐	after 15 May	600	100,91		
Extra tickets for cruise and dinner	30 June	350	50,45		
POST-CONFERENCE Cruise to Tallinn, Estonia	2 July	400	67,27		
HOTEL DEPOSIT Hotel deposit per room / one night's room rate					
			TOTAL FIM / EUR		

ACCOMMODATION

	Single room	Double room
HOTEL STRAND INTER-CONTINENTAL	☐ FIM 680 (EUR 114,36)	☐ FIM 780 (EUR 131,18)
HOTEL OLYMPIA	☐ FIM 430 (EUR 72,32)	
HOTEL ARTHUR	☐ FIM 385 (EUR 64,75)	☐ FIM 470 (EUR 79,04)
HOSTEL ACADEMICA	☐ FIM 240 (EUR 40,36)	☐ FIM 340 (EUR 57,18)

Rates are per room and night including breakfast and VAT.

Date of arrival ____________ Date of departure ____________

I wish to share the room with ____________________

Remarks ____________________

PAYMENTS

☐ A payment of FIM ____________ has been transferred to the account of CONGRESS TEAM/ Area Travel Agency Ltd. Bank: Merita Bank Ltd., Helsinki, Finland. Account No. 157130-15124. Please write 'DAIS99' and the participant's name on the remittance.

☐ Please charge my credit card: American Express ☐ Eurocard ☐ Mastercard ☐ Visa ☐

Credit card No. ____________________ Expiry date ____________

Amount in FIM / EUR ____________ Card holder's signature ____________________

REMARKS/DIETS ____________________

Date ____________ Signature ____________________