Hotel Reservation Form

Please provide to the local organizer no later than 1 April, 2004
FAX: +7(095) 195-2253 *or* EMAIL: shenkman@imbp.ru

Name of Hotel Chosen: _____

Date of Arrival: _____ **Departure Date:** _____

Number of Guests in Room: _____

Type or Room: ❑ smoking ❑ non-smoking **Room Category:** _____
❑ one bed: ❑ two beds

Group Name: 25th ISGP Conference 6-11 June, 2004

Guest Name: _____
(Family Name) (Given Name)

Address: _____

_____

_____

_____

Phone: _____ **Fax:** _____

Email: _____

The Hotel Reservation Form must be received by the local organizers no later than 1 April, 2004 (via Air Mail, Fax or Email). Reservations will be made in your name with the hotel of your choice, by the local organizers (SCR Institute for Biomedical Problems). Confirmation of your room reservation will be provided via Email or Fax by the local organizers. Payment for accommodations should be made directly to the hotel during your stay in Moscow. Major credit cards and cash are accepted at all hotels.

The list of hotels, including prices and room types may be found on the following page.

CANCELLATION
In the event a hotel reservation must be cancelled, notice must be received by the local organizer at least 10 days prior to the arrival date.