

EASL International Consensus Conference on Hepatitis B
September 12-14, 2002, Geneva, Switzerland

ACCOMMODATION FORM

Please complete and return this form*, together with your payment, to:

Kuoni Travel Ltd.
Rue de Lausanne 54
CH-1202 Geneva
SWITZERLAND
Tel: 41 22 908 1855
Fax: 41 22 908 1835
E-Mail: easl@kuoni.ch

Identification

Please complete this section accurately. The information you provide will allow us to correspond with you efficiently.

Participant (Please TYPE or PRINT IN BLOCK LETTERS)

Family Name Initials

First name

Title Prof. Dr. Mr. Mrs. Ms.

Mailing Address Office

Institute Dept.

No. Street Suite/Apt.

City State/Province Country Postal Code

Telephone (office hours): Country code/city code/number Fax: Country code/city code/number

E-Mail Address

Accommodation in Geneva Hotels

Type of room required Single Double* Other _____

First Choice Hotel Second Choice Hotel

Check In Check out Total night/s

* I will share my accommodation with _____

Accommodation Form (EASL SEPTEMBER 2002 cont.)

Payment

Please indicate the amount enclosed and preferred mode of payment. Ensure that you send your completed accommodation form together with your payment:

Accommodation Deposit: CHF _____ (One night deposit in your selected hotel)

Option 1: Credit Card –

Visa MasterCard Diners American Express

Number _____ Expiry Date (month/year) _____

Name as shown on card: _____

Family Name _____ First name _____

Signature _____ Date (day/month/year) _____ Passport number _____

Option 2: Bank Transfer –

With your name and address indicated. If payment is made for more than one person or by a company please make sure all names are indicated. Please forward bank transfer to: Kuoni Travel Ltd, Credit Suisse Bank, 1211 Geneva 70, Switzerland, Account number 4251- 380510-71 Swift CRESCHZZ 12A, Ref.: EASL HBV 2002. Bank charges are the responsibility of the payee and should be paid at source in addition to the accommodation fees.

Date _____

Signature _____