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EPAC '98
6th European Particle Accelerator Conference
 June 22-26, 1998, Stockholm, Sweden

ACCOMMODATION AND EXCURSION FORM

Family name: _____ (001)

First name: _____ Title/Profession: _____

Organisation/Company: _____

Mailing address: _____

_____ Country: _____

Telephone: _____ Telefax: _____

E-mail: _____

Accompanied by (name of family member): _____ (015)

ACCOMMODATION

Arrival: ____ / ____

Departure: ____ / ____

HOTELS	Single room SEK/night	No of rooms	Double room SEK/night	No of rooms
Continental, first class	1,260		1,460	
Freys, superior tourist class	835		1,040	
City Kungsgatan, tourist class	675		850	
Wallin, superior tourist class	525		750	
Prize, tourist class	525		----	

YOUTH HOSTEL

Zinkensdamm Youth Hostel approx. SEK 200/bed and night in shared room no. of beds _____

Breakfast buffet/continental breakfast, service and a VAT increment of 12% is included. Taxes or official charges are subject to change without notice.

Reservation guaranteed by my credit card:

Master-/Eurocard American Express Visa Diners

Number: _____ Expiry date: _____

If no credit card guarantee is given, a hotel deposit of SEK 1,000 (SEK 200 for youth hostel) see below, is requested to be paid in advance. This prepayment will be deducted from the hotel bill.

<u>EXCURSIONS</u>	<u>Tours</u>	<u>Date</u>	<u>Price/person</u> <u>SEK</u>	<u>No. of</u> <u>persons</u>	<u>SEK</u>	<u>(Code)</u>
	Old Town Walk	June 23	*195	_____	_____	(100)
	Mariefred/Gripsholms Castle	June 24	*595	_____	_____	(102)
	Art Tour	June 25	*320	_____	_____	(104)
	Drottningholm Palace	June 26	*395	_____	_____	(106)
	<u>Pre Congress Tour</u>					
	Lapland - Adventure Tour	June 20-21 (single room p.p.)	*6,500	_____	_____	(130)
		(double room p.p.)	*6,100	_____	_____	(131)
	<u>Post Congress Tour</u>					
	Helsinki - Ferry Tour	June 26-28 (single room p.p.)	4,100	_____	_____	(134)
		(double room p.p.)	3,100	_____	_____	(135)
	Hotel Deposit, per room (if no credit card guarantee is given)		1,000	_____	_____	
	Youth Hostel Deposit (per bed)		200	_____	_____	
			Total SEK	_____	_____	

*Prices include VAT increment of 12-25%. SCB's VAT registration number is 01-556127-7228.

Please see overleaf

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Please repeat name here!

Name: _____

PAYMENT

- | | |
|--|--------------------------------------|
| <input type="checkbox"/> Banker's Draft (Personal, company or EURO cheques cannot be accepted) | |
| <input type="checkbox"/> Bank Account, S-E Banken, Stockholm No. 5267 - 10 066 16, SWIFT-address ESSESES | |
| <input type="checkbox"/> Eurocard/Mastercard | <input type="checkbox"/> Diners Club |
| <input type="checkbox"/> American Express | <input type="checkbox"/> Visa |

Charge my card No: _____

with expire date: _____ Total SEK: _____

Date: ____/____/____

Signature: _____

*Please return
this form at your
earliest convenience to:*

Stockholm Convention Bureau
P.O. Box 6911, S-102 39 Stockholm, Sweden
Telefax +46 8 34 84 41

PLEASE DO NOT FORGET TO TAKE A COPY FOR YOUR OWN RECORD!