

**INTERNATIONAL CONFERENCE ON RADIOACTIVE WASTE FROM  
NON-POWER APPLICATIONS**

**Malta, 5 - 9 November 2001**

**HOTEL RESERVATION FORM**

Please complete this form and send it by fax or e-mail attachment as soon as possible, but at the latest **by 31<sup>st</sup> July 2001** to the address indicated below: (Bookings received after that date will be accepted subject to the availability of rooms):

Ms. Mikela Tabone  
Dept. for Multilateral Affairs, Ministry of Foreign Affairs  
Palazzo Parisio, Merchant's Street  
Valletta, Malta  
Tel no.: + 356-248289  
Fax no.: + 356-251520  
E-mail: mikela.tabone@magnet.mt

Family Name (Mr./Ms.) \_\_\_\_\_ First Name \_\_\_\_\_

Street Name: \_\_\_\_\_ City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Telephone No.: \_\_\_\_\_ Fax No.: \_\_\_\_\_ E-mail Address \_\_\_\_\_

<b>HOTEL</b>	<b>SINGLE ROOM per night</b>	<b>DOUBLE ROOM per night/per person</b>	<b>Number of nights</b>	<b>Deposit for 3 nights</b>
New Dolman Hotel***** Qawra, St.Paul's Bay, Malta Tel: no: +356-581510 FAx no: +356-581532 <a href="http://www.dolmen.com.mt/">http://www.dolmen.com.mt/</a>	LM 32 (bed & breakfast)  LM 40 (half board)	LM 22 (bed & breakfast)  LM 30 (half board)		

The rates are quoted in Maltese Lira and include taxes. Coffee breaks are complimentary.

Double Room(s):   Sharing with Mr./Ms. \_\_\_\_\_

Pair me with another participant, if possible:

I would like to book transport to/from Hotel (cost of LM6 will be added to your hotel bill).

I am interested in attending a tour for accompanying persons.

**Payment Conditions:**

A deposit of three nights is requested to confirm your registration.

Payment can be made either:

**by Credit card:**

AMERICAN EXPRESS      VISA      MASTER/EUROCARD      DINERS CLUB

Card number: \_\_\_\_\_ Valid until: \_\_\_\_\_

or

**by Bank Transfer:**

to HSBC Bank Malta Plc., Account Number: 431001683, Address of Bank: Misrah il-Bajja, Bugibba, Malta, Please quote ref. no. "IAEA Conference CN-87".

In case of cancellation after **1<sup>st</sup> August 2001**, three nights cancellation fee will be charged/retained.

Arrival from/Date/Time \_\_\_\_\_ Flight no.: \_\_\_\_\_

Departure to/Date/Time \_\_\_\_\_ Flight no.: \_\_\_\_\_

**DATE:**

**SIGNATURE:**