

American Express International Inc.
Travel Service
Attn: Ms. Rita Glita
7, rue du Mont Blanc
CH-1201 Geneva, Switzerland
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International Conference on
Occupational Radiation Protection
Geneva, Switzerland, 26–30 August 2002

HOTEL RESERVATION REQUEST

Please complete this document and return it to the above address not later than **15 July 2002**; after this date we cannot guarantee your booking as requested.

Please complete in **BLOCK** letters

LAST NAME _____ FIRST NAME _____

ADDRESS _____

Country _____

Telephone _____

Fax _____ E-mail _____

Please give at least 2 hotel choices, block bookings made 25 – 30 August 2002.

<u>NAME OF HOTEL</u>	<u>ARRIVAL / DEPARTURE</u>	<u>single</u>	<u>double</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Booking guaranteed by Credit card:

No. _____ Exp-date: _____
(if no credit card available, a check will be requested for one night deposit)

Remarks:

Without credit card number or deposit the reservation cannot be guaranteed. Please note that in any case the full payment should be settled directly with the hotel.

Your hotel booking will be reconfirmed to you upon receipt of your request.

Date: _____ Signature _____