


ACCOMMODATION BOOKING FORM
8th Congress of the European Society of Contraception
23-26 June 2004
EICC

DELEGATE DETAILS –		
Please complete a booking form for each room requested, stating names of all guests		
Title: MR/MRS/MISS/DR/OTHER(please specify)	Name:	
Company:		
Address:		
Postal Code:	Country:	
Daytime Telephone Number:		
Email:		
Fax Number:		
Arrival Date:	Departure Date:	
Time of Arrival:	Total No. of Nights:	No. of Adults:
ACCOMMODATION		
If you have a preference from the allocations please indicate below:		
1 st Choice:	2 nd Choice:	
3 rd Choice:	4 th Choice:	
If you would like guest house accommodation please specify your requirements below:		
(please note that guest house availability may be limited)		
Minimum per room per night £	Maximum per room per night £	
TYPE & NUMBER OF ROOMS REQUIRED		
Single:	Double:	Twin:
En-Suite Room: YES / NO	Non Smoking Room: YES / NO	Parking Required: YES / NO
CREDIT CARD PAYMENT		
IMPORTANT : Your credit card number is required to secure the rooms. Payment should be made directly with the hotel or guest house at the time of stay. If you do not have a credit card, please contact the Conference Bureau for further information.		
Credit Card Type: VISA/MASTERCARD/AMEX/DINERS/SWITCH (please specify) (NB: Most Guest Houses do NOT accept AMEX or DINERS)	Expiry Date:	
Number on Card:	If using SWITCH - Issue No:	
Name on Card:		
Home / Postal Address: (If different from above)		
By completing this form I accept the terms and conditions of booking If posting or faxing please sign and date below		
Signature:	Date:	

To book your accommodation please complete the booking form and return it to:

Conference Accommodation Booking Service
Edinburgh Convention Bureau
 4 Rothesay Terrace
 Edinburgh EH3 7RY

 +44 (0)131 473 3874 **Fax** +44 (0)131 473 3878 **Email** conventions@eltb.org