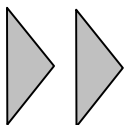# REGISTRATION AND ACCOMMODATION FORM

> **Please send form to**
> **UNITED AGAINST CANCER SECRETARIAT**
> **Natasa Hace**
> e-mail: natasa.hace@ecpc-online.org
> (Please send copy to michi.geissler@ecpc-online.org)
> Tel: + 32/2/646 69 50
> Fax: +32/2/646 84 66

Please complete (in capital letters)

Mr. / Mrs. / Ms.

Title

First Name

Last Name

Organisation

Postal Address

Postal Code   City

Country

Phone

Fax

E-mail

Patient Organisation or Patient Representative   yes ☐   no ☐

ECPC Member   yes ☐   no ☐

Please note: the provided information will be used for correspondence, name badges and list of participants. If you agree that your contact details including your email address are provided on the Summit delegates list, please tick the box.   yes ☐

HOTEL ACCOMMODATION

Arrival date _____

Departure date _____

Total no. of nights _____

HOTEL SELECTION

<u>HOTEL MONS 4*</u> – the venue of the CEE Cancer Patient Summit

☐ Single room – price: EUR 125.-

☐ Double room – price: EUR 150.-   Sharing with _____

<u>CITY HOTEL</u>

☐ Single room – price: EUR 77.-

☐ Double room – SINGLE USE – price: EUR 86.-

☐ Double room – price: EUR 103.-   Sharing with _____

Room rates per room and night, including breakfast and VAT. Daily tourist tax is 1,01 EUR per person. **Accommodation can be booked by credit card only:** your credit card information is required as an accommodation guarantee. All **cancellations** must be sent in writing and addressed to the Secretariat. Cancellations received before October 10, 2006 are free of charge. Cancellations received 10 days and less before the reserved date of arrival 75% or one night will be charged in the case of non-appearance or of cancellation less than two days before of the reserved date of arrival.

CREDIT CARD DETAILS (AS BOOKING GUARANTEE)

☐ Visa Card   ☐ Master Card   ☐ Other: _____

Credit Card Number: _____

CVV2*: _____   (*)CVV2 code: last three figures appearing on the back of the card, in the signature field

Expiry Date: _____

Holder's Name: _____

Date: _____   Signature: _____