

# International Symposium on Chylomicrons in Disease St. Franciscus Gasthuis, Rotterdam, The Netherlands, 2 - 5 June 2010



## RESERVATION FORM (one form per room)

To be returned before 18 March 2010 to:

HotelService Rotterdam, PO Box 276, 3000 AG Rotterdam

Tel: +31 (0)10 205 1580 Fax: +31 (0)10 205 1590 E-mail address: reservations@hotelservicerotterdam.nl

Title  Mr  Mrs  Ms  Prof.  Dr.

Family name

First name

Company/Organisation

Department

Address

P.O. Box

Postal code

City

Country

Phone (country-area-local) +

Fax (country - area - local) +

Date of birth (dd-mm-yyyy)

E-mail

### Accompanying Person

Family name

First name

Partner for free  Yes (please forward a proof of partnership, e.g. copy passport)  No

Arrival date (dd-mm-yyyy)  Estimated time of arrival

Departure date (dd-mm-yyyy)  Number of nights

Hotels	Single room	Double room
Price Category A	<input type="checkbox"/> EUR 180,00 - EUR 220,00	<input type="checkbox"/> EUR 210,00 - EUR 255,00
Price Category B	<input type="checkbox"/> EUR 145,00 - EUR 180,00	<input type="checkbox"/> EUR 165,00 - EUR 210,00
Price Category C	<input type="checkbox"/> EUR 109,00 - EUR 145,00	<input type="checkbox"/> EUR 119,00 - EUR 165,00

Preferred hotel  (if applicable)

All rates are per room per night, including breakfast and all applicable taxes. Early reservation is highly recommended.  
HotelService Rotterdam reserves the right to book alternative accommodation in the same category if your preferred hotel is fully booked.

### Reservation

For booking, please complete this hotel reservation form and return it to HotelService Rotterdam not later than **18 March 2010**. Requests will be accepted thereafter, however, hotel accommodation is subject to availability and cannot be guaranteed. After this deadline, bookings are only possible against full payment by credit card, and an extra late reservation fee of € 30.00 will be charged.

### Payment Policy

To guarantee your reservation a deposit of € 150.00 is required. Please include either a copy of your bank transfer to our account at the ABN AMRO, or provide a credit card that we shall debit. Upon receipt of the deposit, each participant will receive a final confirmation with an invoice. Full payment has to be made to HotelService Rotterdam operated by Congrex Travel by 18 March 2010. Do **not** send any payment to the Hotel.

**Please indicate form of payment for the deposit :**

Bank transfer to the account of Congrex Travel at ABN AMRO account number 40.99.89.711 IBAN number NL47ABNA0409989711 SWIFT code ABNANL2A. Payment reference: ISCD 2010 / your last name, your first name / your invoice number

Credit card

	<input type="checkbox"/> VISA	<input type="checkbox"/> Mastercard	CVV2 code	<input type="text"/>
Card number	<input type="text"/>		Expiry date (mm/yy)	<input type="text"/>
Card holder's name	<input type="text"/>			

All room charges must be prepaid to Hotel Service Rotterdam. However, when checking out, all extra's (mini bar, telephone charges, room service, etc.) must be settled with the hotel directly.

**Cancellation policy**

If your hotel reservation is cancelled until **18 March 2010** the deposit will be refunded less € 60.00 handling fee. If your reservation is cancelled after **18 March 2010** or if you arrive later or leave earlier than on the dates indicated on your reservation form, the total accommodation amount will be charged and no refunds can be made.

Any change of reservation will be subject to a handling fee of € 30.00. Changes or cancellations have to be made in writing to HotelService Rotterdam. Please do not contact the hotel directly.

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Signature \_\_\_\_\_ Date (dd-mm-yyyy)

The participant acknowledges that he/she has no right to lodge damage claims against the organizers should the holding of the congress be hindered or prevented by unexpected political or economic events or generally by force majeure, or should the non-appearance of speakers or other reasons necessitate program changes. With reservation, the participant accepts this proviso.