



EUROPEAN FEDERATION
FOR PHARMACEUTICAL
SCIENCES

EUFEPS Conference on

Drug Transport and Delivery: Impact on Drug Discovery and Development

October 8-10 • 2008 • Uppsala Concert & Congress • Uppsala • Sweden

Family name: _____ First name: _____

REGISTRATION FORM continued

PLEASE USE BLOCK LETTERS

Cancellation of hotel reservations will be accepted until August 25, 2008

ACCOMMODATION

Arrival date _____ Departure date _____

Hotels

	Single room Price/night	No. of rooms	Double room Price/night	No. of rooms
Park Inn Hotel	SEK 1690 (EUR 180)	_____	SEK 1890 (EUR 201)	_____
Hotel Uppsala	SEK 1380 (EUR 147)	_____	SEK 1600 (EUR 170)	_____
Best Western Hotel Svava	SEK 1380 (EUR 147)	_____	SEK 1630 (EUR 173)	_____

Breakfast and VAT are included in the hotel rates.

To book your hotel reservation full pre-payment of the total cost of the accommodation is required.

Please make sure to indicate Congrex Sweden AB, Attn: DTDC 0861 (payment reference number) and your name on all money transfers.

PAYMENT DETAILS

All payments should be made in SEK to Congrex Sweden AB, att: DTDC

We are not able to accept personal cheques, company cheques or Eurocheques.

Please indicate below which means of payment you are using and **payment reference number 0861**

Banker's Draft Transfer to Handelsbanken, Box 7190, SE-103 88 Stockholm, Sweden,
BIC/SWIFT-Code: HANDSESS, Account no. 617 121 222,
IBAN No SE33 6000 0000 0006 1712 1222 in SEK to Congrex Sweden AB.

Please note that bank transfers are not accepted later than August 25, 2008.

American Express VISA Eurocard/Mastercard

Credit Card No. _____ Expiry date _____

CCV Security Code*: _____

*On Amex 4 digits on front of card, on Visa and Mastercard 3 digits on back of card

Having signed below, I herewith confirm that I am fully aware of the cancellation conditions stipulated in the announcement.

I hereby authorise Congrex Sweden AB to debit this credit card account for the total amount due. I also consent to Congrex debiting or crediting my credit card account with the amount of any subsequent change(s) to the items booked.

Date _____ Name _____

Signature _____