

AEPC 2006

41st Annual Meeting

Association for European Paediatric Cardiology

Basel Convention Centre, Basel / Switzerland, May 24 – 27, 2006



Hotel Reservation Form (one form per room)

Mr Mrs Prof. PD Dr.

To be returned before April, 20 2006 to:

Family name (please underline) / First name,

Accompanying person

Institute / Company

Department

Street, No.

AKM Travel AG
Messeplatz 10
P.O. Box
CH-4016 Basel
Switzerland

Fax +41-61-690 94 14

P.O. Box

Postal code / Zip code

City

Country

State / County (where applicable)

E-Mail (if available)

Telephone business

Fax

Telephone home

Date of arrival: _____

Estimated time of arrival: _____

Date of departure: _____

Number of nights: _____

Arrival by car train airplane

Hotels	Single room	Double room
3* Hotels	<input type="checkbox"/> € 95–135	<input type="checkbox"/> € 140–165
4* Hotels	<input type="checkbox"/> € 140–175	<input type="checkbox"/> € 170–200
5* Hotels	<input type="checkbox"/> € 180–210	<input type="checkbox"/> € 205–240

All rates are in Euro, per room and per night, including breakfast, service, taxes and the free use of the public transport system.
All hotels are located within walking distance of the congress centre.

Reservation

For booking, please complete this hotel reservation form and return it to AKM Travel AG, Basel, not later than April, 20 2006. 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 will be charged.**

Payment Policy

To guarantee your reservation a **deposit of € 150** is required. Please include either a copy of your bank transfer to our account at the UBS AG, 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 AKM Travel by April, 20 2006. Do not send any payment to the Hotel.**

Please indicate form of payment for the deposit:

Bank transfer – free of charge for recipient – to the account of AKM Travel at UBS AG, CH-4002 Basel.

Account Number 595.400.60G, IBAN Number CH95 0023 3233 5954 0060G, Swift code UBSWCHZH80A

Credit card Visa Eurocard/Mastercard

CVV2 Code

No.

Exp. date

Cardholder's name: _____

All room charges must be prepaid to AKM Travel AG. However, when checking out, all extras (mini-bar, telephone charges, room service, etc.) must be settled with the hotel directly.

Cancellation Policy

If your hotel reservation is cancelled before **April, 20 2006** the deposit will be refunded less € 60 handling fee. If your reservation is cancelled after **April, 20 2006** 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. Changes or cancellations have to be made in writing to AKM Travel AG, Basel. Please do not contact the hotel directly.

Date: _____

Signature : _____

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.