

REGISTRATION FORM
The 5th International Conference on Biological Physics ICBP 2004, 23-27 August 2004

50401/

PLEASE USE BLOCK LETTERS

Family name: _____ Male (501) Female (502)

First name: _____ Title/Profession: _____

Organization/Company: _____

Street/ P O Box: _____

Postal code: _____ City: _____ Country: _____

Telephone: _____ Telefax: _____ E-mail: _____

Name(s) of accompanying person(s): _____

I approve the planned processing of my personal data, as described in the general terms and conditions of registration.

Yes No (810/820)

REGISTRATION

Registration Fee incl. VAT

Date: August 23-27

**Price/pers.
SEK**

No. of pers.

**Total
SEK**

(Code)

Participant

until May 31, 2004
from May 31, 2004

*5 800
*6 440

(001)
(005)

Student

until May 31, 2004
after May 31, 2004

*3 300
*3 900

(003)
(007)

Accompanying person; No of persons:

*850

(025)

Participant

until May 31, 2004
from May 31, 2004

4 650
5 150

(002)
(006)

Student

until May 31, 2004
from May 31, 2004

2 650
3 150

(004)
(008)

Invited Speaker

Registration Fee excl. VAT

Satellite Meeting;

DNA Dynamics and Replication – 1 day

Date 21 August

incl VAT
excl. VAT

*950
750

(052)
(054)

**Social Program
and tours**

23/8 S1 - Get-together City Hall - Börsen Yes No
24/8 S2 – Marstrand
25/8 S3 – City Tour
25/8 S4 - Banquet – Chalmers Conference Center
26/8 S6 – The Nordic Water Colour Museum
25/8 S7 – Gunnebo Country Mainor

incl.
*750
*275
*385
*695
*275

(050/051)
(055)
(060)
(070)
(080)
(090)

* Prices include VAT increment of 12%-25%. StoCon's VAT registration number is SE 556127722801.

Subtotal SEK

Hotel deposit/per room: Gothia and Panorama 1500:-/room

SGS 500:- /room

Hotel Deposit SEK /per room

Total SEK

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ACCOMMODATION

Hotels	Single room SEK/night	No of rooms	Double room SEK/night	No of rooms
Gothia	1199		1635	
Panorama	955 /1055		1255	
SGS Youth hostel	310		400	

Arrival: _____ / August

Appr. time: _____

Departure: _____ / August

All rates, in SEK, include breakfast, service and a VAT increment of 12%. Taxes or official charges are subject to changes without notice. Reservations will be confirmed when StoCon has received your hotel deposit. ** Weekend prices are available on Friday and Saturday nights.

Special Dietary requirement: _____ (850)

PAYMENT

Payment should be made in SEK, payable to Stockholm Convention Bureau. Please make sure to indicate "ALLC/ACH" and your name on all money transfers.

- Banker's Draft (Personal or Company cheques can not be accepted)
- Bank Account, SEB, Stockholm No 5267-10 066 16, SWIFT-address ESSESESS (IBAN Account No: SE7350000000052671006616)
- Postal Giro 65 37 38-5 (Participants from Sweden and Nordic countries only)
- Bank Giro 644-8773 (Participants from Sweden only)
- Eurocard/Mastercard Diners Club American Express Visa

Charge my card No: _____

With expiry date: _____ Total SEK: _____

Date _____ / _____ Signature _____

Please send this form to:
StoCon
"ICBP",
P O Box 6911" SE-102 39
Stockholm SWEDEN
Fax No: +46 8 5465 1599