

**V GERONTOLOGY CONFERENCE
23-24 April 2004**

REGISTRATION FORM

First name _____ Last name _____

Job title _____

Affiliation _____

Mailing address _____

Postal code and city _____

Phone (work) _____ Mobile phone _____

Fax _____ Email _____

I prefer contact by mail fax email

Event registration

	<u>before 15.3.04</u>	<u>after 15.3.04</u>
Participation two days	<input type="checkbox"/> € 120	<input type="checkbox"/> € 170
Participation one day		
Fri 23 April <input type="checkbox"/> Sat 24 April <input type="checkbox"/>	<input type="checkbox"/> € 80	<input type="checkbox"/> € 120
Student	<input type="checkbox"/> € 40	<input type="checkbox"/> € 40

I will take part in the evening reception
Fri 23 April (separate fee €20) yes no

Registration for organized transportations

Fri	Railway station-university (train at 7.49)	<input type="checkbox"/> yes	<input type="checkbox"/> no
	Airport-university (flight at 9.15)	<input type="checkbox"/> yes	<input type="checkbox"/> no
Sat	University-railway station (train at 16.10)	<input type="checkbox"/> yes	<input type="checkbox"/> no
	University-airport (flight at 17.45)	<input type="checkbox"/> yes	<input type="checkbox"/> no

Hotell booking

	<u>single/night</u>	<u>double/night/person</u>
Cumulus Rovaniemi	<input type="checkbox"/> € 70	<input type="checkbox"/> € 37,50
Hotel Santa Claus	<input type="checkbox"/> € 75	<input type="checkbox"/> € 42,00
Sokos Hotel Vaakuna	<input type="checkbox"/> € 78	<input type="checkbox"/> € 53,50
Hotel Rantasipi Pohjanhovi	<input type="checkbox"/> € 80	<input type="checkbox"/> € 44,50

Arrival ___/___ 2004

Departure ___/___ 2004

Late arrival (after 18:00)

I will share room with _____

Special wishes / diets _____

Hotel booking will be made on first come-first served-basis. All hotel fees must be paid directly to the hotels

Payments- please mark the one you use

- Bank giro to University of Lapland / Rovaniemi-Lapland Congresses, Nordea Bank Finland Plc, Aleksanterinkatu 36, Fin-00020 Nordea
IBAN account no: FI5916603000112089
SWIFT code: NDEAFIHH
NOTE: Gerontology 2004 and name of delegate must be mentioned as additional information
- Please charge my credit card
 Visa MasterCard EuroCard

Total to charge _____ Card expiry date (mm/yy) _____

Card number _____

Name of card holder _____

Address of card holder _____

CVV/CVC-code (card verification code, 3 digits after card number in signature field on back side of card, **must be included:** _____

Date _____ Signature _____

Cancellation terms: Registration fees will be refunded if written cancellation is made to conference office **before 15 March 2004**. After this a processing fee of 30% will be deducted. Without cancellation full fee will be charged. Name of delegate can be changed free of charge.