

Participant name _____

Autoimmunity 2010

ACCOMMODATION

Hotel	Category	Single room	Double room	Distance to Congress Venue
Lev Hotel	5*	€ 190	€200	5 minutes walking
Grand Hotel Union	4*			5 minutes walking
Business		€165	€180	
Central Hotel (former Grand Hotel Union Garni)	4*	€135	€155	
Austria Trend Hotel Ljubljana (former Domina Ljubljana Hotel & Spa)	4*			5 minutes walking
Standard		€160	€190	
Superior		€180	€200	
Mons Hotel	4*	€125	€145	10 minutes driving
City Hotel Ljubljana	3*	€110	€125	5 minutes walking
A hotel	3*	€110	€145	20 minutes driving
M - Hotel	3*			10 minutes driving
Standard		€100	-	
Superior		€100	€130	
Park Hotel	3*			10 minutes driving
Standard		€75	€95	
Comfort		€95	€100	
Hotel Mrak	3*	€75	€99	10 minutes driving
Hotel Ljubljana Resort	3*	€65	€99	15 minutes driving

All rates are per room, per night and include VAT and breakfast. Early reservation is highly recommended.
Travel times mentioned above, are subject to the traffic.

RESERVATION:

Reservations will only be confirmed if credit card details are fully supplied; alternatively, please forward a deposit of 1 night payment per room in order to guarantee your accommodation. Each participant will receive an individual confirmation letter, indicating the name and address of the hotel. The booking will be final upon receipt of the corresponding deposit.

1st choice hotel: _____ 2nd choice hotel: _____

Type of room required Single Double* Other

_____	_____	_____
Check-in Date	Check-Out Date	Total night/s

* I will share my accommodation with: _____
Family name First Name

PAYMENT

Please indicate the amount enclosed and preferred mode of payment. Ensure that you send the fully completed form together with your payment:

Registration Fees	Euro _____	
Deposit for hotel accommodation	Euro _____	(1 night payment)
Additional tickets	Euro _____	
Total:	Euro _____	

Option 1: Credit Card: Visa MasterCard Diners American Express (charges will be done in US\$ according to the exchange rate at the day of the transaction)

_____	_____
Number	Expiry Date (month/year)

Name as shown on card: _____

Option 2: Bank Transfer - with your name and address indicated on the reverse. If payment is made for more than one person or by a company, please make sure all names are indicated and send fully completed Registration and Accommodation Forms together with a copy of the bank transfer. Please make drafts payable to: **Autoimmunity 2010 – Kenes International, Bank Account: Credit Suisse Bank Geneva, 1211 Geneva 70, Switzerland. Clearing Number: 4835, Bank Account number: 693980 52 173, IBAN number: CH57 0483 5069 3980 5217 3, Swift Code: CRESCHZZ12A**

Bank charges are the responsibility of the participant and should be paid at source in addition to the registration and accommodation fees.

CANCELLATION POLICY – REGISTRATION

All cancellations must be faxed, electronically mailed: Refund of registration fees will be as follows:

Before February 22, 2010 - 100% refund (less Euro 50 handling fee)
From February 23, 2010 until April 27, 2010 - 50% refund
No refund on cancellations sent after **April 28, 2010**.

CANCELLATION POLICY – HOTEL ACCOMMODATION

All changes/cancellations must be received in writing by fax or email to Kenes international. Please do not contact the hotel directly.

15 days prior to arrival (up to April 20, 2010) - full refund less Euro 35 handling fee.
Between 14-10 days prior to arrival (up to April 26, 2010) - 1 night cancellation charge
From April 27, 2010- No refund.
In the event of non arrival, the hotel will automatically release the reservation, and the payment will be non refundable.

Date _____ Signature _____

By signing this Form you authorize KENES INTERNATIONAL to charge the above credit card for the balance of your account 3 weeks prior to your arrival for services ordered.