

XIX CONGRESS AND GENERAL ASSEMBLY OF THE INTERNATIONAL UNION OF CRYSTALLOGRAPHY GENEVA, SWITZERLAND, AUGUST 6-15, 2002

ACCOMMODATION AND TOURS FORM

Please PRINT in BLOCK LETTERS and FAX, Email or AIRMAIL to:

KUONI TRAVEL Ltd.
Incoming Services
 Rue de Lausanne 54
 CH-1202 Geneva
 SWITZERLAND
 Tel: ++41 22 908 1855
 Fax: ++41 22 908 1835
 E-Mail: IUCR2002@kuoni.ch

Identification

Please complete this section accurately. The information you provide will allow us to correspond with you efficiently.

Participant (Please TYPE or PRINT IN BLOCK LETTERS)

Family Name _____ Initials _____

First name _____

Title Prof. Dr. Mr. Mrs. Ms.

Mailing Address Office

Institute _____ Dept. _____

No. _____ Street _____ Suite/Apt. _____

City _____ State/Province _____ Country _____ Postal Code _____

Telephone (office hours): Country code/city code/number _____ Fax: Country code/city code/number _____

E-Mail Address _____

Accommodation in Geneva Hotels

Type of room required Single Double* Other _____

First Choice Hotel _____ Second Choice Hotel _____

Check In _____ Check out _____ Total night/s _____

* I will share my accommodation with _____

Tours

	Tour To	Date	Hours	Rate	No. of Seat/s
<input type="checkbox"/> 11C	Chamonix	Sunday, August 11	09:00-17:00	CHF150	
<input type="checkbox"/> 11LG	Lake Geneva Tour			CHF138	
<input type="checkbox"/> 11GB	Gruyere and Berne			CHF140	
<input type="checkbox"/> 1	Visit to the Chocolate Factory + Clock &	Wednesday, August 7	09:00-17:00	CHF130	

	Watch Museum				
<input type="checkbox"/> 2	Olympic Museum in Lausanne + Wine Tasting	Saturday, August 10	09:00-17:00	CHF160	
<input type="checkbox"/> 3	Interlaken + Schilthorn	Monday, August 12	08:00-17:00	CHF255	

Acc Form IUCR2002(cont.)

Family Name: _____

Payment

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

Hotel Deposit : CHF _____ (one night deposit in your selected hotel)

Option 1: Credit Card -

Visa MasterCard Diners American Express

Number: _____ Expiry Date (month/year): _____

Name as shown on card:

Family Name

First name

Signature _____

Date (day/month/year) _____

Passport number _____

Option 2: Bank Transfer -

With your name and address indicated. If payment is made for more than one person or by a company please make sure all names are indicated. Please forward bank transfer to: Kuoni Travel Ltd, Credit Suisse Bank, 1211 Geneva 70, Switzerland, Account number 4251-380510-71, Swift CRESCHZZ 12A, Ref.: IUCR 2002. Bank charges are the responsibility of the payee and should be paid at source in addition to the accommodation fees.

Date _____

Signature _____