



The European Society for Photodynamic Therapy

25-26 May 2012
Tivoli Hotel & Congress Center
Copenhagen, Denmark
www.euro-pdt.org



CopeNhaGeN

HOTEL RESERVATION FORM

Please mail or fax to:

VISTA

EURO-PDT 2012
9 rue Henri Martin
92772 Boulogne Billancourt Cedex - France
Tel: +33 (0)1 46 43 33 42 - Fax: +33 (0)1 46 24 88 38 - Email: europdt2012@vista-fr.com

DELEGATE

Title

Last Name

First Name

Institution/Company

Address

Zip

City

Country

Phone

Fax

Email

ACCOMPANYING PERSON

Last Name

First Name

HOTEL TIVOLI

Date of arrival

Date of departure

Single occupancy room with breakfast
(per room, per night)

□ 195 €

Double occupancy room with breakfasts
(per room, per night)

□ 215 €

X ____ nights

Tivoli Hotel
Arni Magnussons Gade 2
DK-1577 Copenhagen V

TOTAL

HOTEL CANCELLATION POLICY

Cancellations must be notified in writing to VISTA and are subject to the following conditions:

- . Until 1st March 2012, 50% refund
- . After 1st March 2012, no refunds will be issued
- . All refunds will be processed after the meeting

☐ I have read and accept the hotel cancellation policy

Date

Signature

PAYMENT

☐ By bank transfer in Euros to the order of VISTA/EURO-PDT to:

Bank code: 30788 - Sort code: 00900 - Account n° 01220780001 - Key 52 - IBAN: FR76 3078 8009 0001 2207 8000 152 - BIC: NSMBFRPPXXX
(copy of bank transfer must be sent along with registration/hotel reservation form)

☐ By credit card ☐ Visa ☐ Eurocard/Mastercard

Cardholder

Card number

Signature

Card verification code (3 digits on back of card) _____ Expiry date _____ (month) _____ (year)

☐ By check in Euros (payable in France to the order of VISTA/EURO-PDT)