



LOW-COST ACCOMMODATION (FORM C)
(online registration at the Congress web site is strongly recommended)

Name: _____, Male Female

Arrival date: _____, Departure date: _____, for _____ night.

I need a single room at a price of EUR 45.- per night

amount _____

I need a double room at a price of EUR 35.- per night per person. I wish to share the room with Mr. / Ms. _____, which is registered as regular Congress Participant or as accompanying person.

amount _____

I want I do not want
breakfast (EUR 6.- per day)

amount _____

I agree to pay in advance the full cost of the low-cost accommodation plus EUR 10.- as a reservation fee

I have paid the total amount though Bank Transfer (see attached copy)

Date: _____

Signature: _____

Please return this form to:

IUPAC Organizing Secretariat

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