



Hotel Booking Form

Please fill in this form and **fax** it to:

+46 8 751 1793

Note: Cancellations must be made no later than 6PM on the date of arrival.

Attendee's Info

First Name _____ Last Name _____
Company _____
Address _____
City _____ State _____ Zip _____
Country _____
Phone# _____ Fax# _____
Email _____

Important: Please provide an email address so a confirmation number can be emailed to you.

Reservation Info

Hotel and room type (check one)

Hotel Amaranten **** Single: 1370 SEK Double: 1620 SEK at conference location
Hotel Arcadia *** Single: 769 SEK Double: 873 SEK 20-30 min away
Hotel Birger Jarl **** Single: 1236 SEK Double: 1588 SEK 20-30 min away

Smoking (check one) Yes No

Arrival Date (mm/dd/yy) ____/____/____ Departure Date (mm/dd/yy) ____/____/____

Payment Info

Credit Card Type (check one) Visa MasterCard Amex

Card Number _____ Exp (mm/yy) ____/____

Name appeared on card (if different from above) _____

Billing Address (if different from above) _____

Signature _____