Pharmaceutical Sciences Fair & Exhibition of the European Federation for Pharmaceutical Sciences

June 8 – 12, 2009, Nice Acropolis, France

Speaker Sessions • Posters • Careers Forum
Exhibition • Young Scientist Meeting
2nd PHARMSCIFAIR 2009
Premier European Platform for Advancing Pharmaceutical Sciences
June 8-12 • 2009 • Nice • France

Hotel Reservation Form (one form per room)

☐ Mr ☐ Mrs ☐ Prof. ☐ PD ☐ Dr.

To be returned before April 24, 2009 to:

Congrex Travel AG
Association House
P.O. Box
CH-4002 Basel
Switzerland

Fax +41 61 690 94 14

Family name (please underline) First name, initials

_____
Accompanying person

_____
Institute / Company

_____
Department

_____
Street, No.

_____

P.O.Box	Postal code / Zip code	City
_____	_____	_____
Country	State/County (where applicable)	E-Mail (if available)
_____	_____	_____
Telephone business	Fax	Telephone home
_____	_____	_____

Date of arrival: _____ Estimated time of arrival: _____

Date of departure: _____ Number of nights: _____

Hotels	Single room	Double room
Price-Category A	☐ EUR 240.00 – 280.00	☐ EUR 260.00 – 310.00
Price-Category B	☐ EUR 200.00 – 235.00	☐ EUR 205.00 – 255.00
Price-Category C	☐ EUR 150.00 – 195.00	☐ EUR 165.00 – 200.00
Price-Category D	☐ EUR 105.00 – 145.00	☐ EUR 130.00 – 160.00
Price-Category E	☐ EUR 75.00 – 100.00	☐ EUR 100.00 – 125.00

All rates are per room and per night, including breakfast, service and taxes.

Reservation
When booking, please complete this hotel reservation form and return it to Congrex Travel AG, Basel, no later than **April 24, 2009**. Requests will be accepted thereafter, however, hotel accommodation is subject to availability and cannot be guaranteed. **After this deadline, bookings are only possible against full payment by credit card, and an extra handling fee of EUR 30.00 will be charged.**

Payment Policy
To guarantee your reservation a **deposit of EUR 200.00** is required. Please include either a copy of your bank transfer to our account at the UBS AG, or provide a credit card that we shall debit. Upon receipt of the deposit, each participant will receive a final confirmation with an invoice. **Full payment has to be made to Congrex Travel by April 24, 2009**. Do not send any payment to the Hotel.

Please indicate form of payment for the deposit :
❑ Bank transfer - free of charge for recipient – to the account of Congrex Travel at UBS AG, CH-4002 Basel
Account Number 595.400.60G, Clearing code 233, IBAN Euro Nr. CH95 0023 3233 5954 0060G, Swift code UBSWCHZH80A
❑ Visa ❑ Mastercard CVV2 Code ⌊_⌊_⌊_⌋

No. ⌊_⌊_⌊_⌊_⌊_⌊_⌊_⌊_⌊_⌊_⌊_⌊_⌊_⌊_⌊_⌋ Exp.date ⌊_⌊_⌊_⌊_⌋ Cardholder's name:_____

All room charges must be prepaid to Congrex Travel AG. However, when checking out, all extras (mini-bar, telephone charges, room service, etc.) must be settled with the hotel directly.

Cancellation Policy
If your hotel reservation is cancelled before **April 24, 2009**, the deposit will be refunded less EUR 60.00 handling fee. If your reservation is cancelled after **April 24, 2009**, or if you arrive later or leave earlier than on the dates indicated on your reservation form, the total accommodation amount will be charged and no refunds can be made.

Any change of reservation will be subject to a handling fee of EUR 30.00. Changes or cancellations have to be made in writing to Congrex Travel AG, Basel. Please do not contact the hotel directly.

Date: _____ Signature: _____

The participant acknowledges that he/she has no right to lodge damage claims against the organizers should the holding of the congress be hindered or prevented by unexpected political or economic events or generally by force majeure, or should the non-appearance of speakers or other reasons necessitate program changes. With reservation, the participant accepts this proviso.