

# Hotel & Excursions Reservation Form

10<sup>th</sup> International Conference of Shallow  
Level Centers in Semiconductors  
Warsaw, Poland, 24-27 July 2002

**Deadline: 20<sup>th</sup> May 2002**

**Please complete this form using CAPITAL LETTERS and send to:**

**First Class Travel Agency**

**5 Nowowiejska Street, 00-643 Warsaw, Poland**

**or to fax +48-22-825-95-81**

**or to e-mail: [kongres@firstclass.com.pl](mailto:kongres@firstclass.com.pl)**

Title:       Prof.     Dr.         Mr.         Mrs.         Ms.

.....  
*First name*      *Middle Initial*      *Last Name*

Affiliation .....  
*(Dept. Univ. or Company)*

Mailing address: .....  
*Street*

.....  
*Country*      *Postal Code*      *City*

Tel.: <small><i>(include country and area code)</i></small>	Fax: <small><i>(include country and area code)</i></small>	e-mail:
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HOTEL	Sgl	Dbl
<b>Marriott</b>	<b>172 USD</b>	<b>182 USD</b>
<b>Europejski</b>	<b>95 EUR</b>	<b>123 EUR</b>
<b>Grand</b>	<b>84 EUR</b>	<b>102 EUR</b>

**Hotel prices include breakfast and taxes.**

Your hotel booking will be accepted only upon receipt of the payment of hotel deposit equivalent to one night at the chosen hotel. Hotel deposit will be credited to your hotel bill.

**Cancellation!**

The participant that informs the First Class Travel Agency about hotel reservation cancellation (in writing or by e-mail), prior to 20<sup>th</sup> May 2002 will receive reimbursement of the hotel deposit diminished by 10 USD of the handling charge. After this date deposits are not refundable.

Please book the hotel:

First choice	
Second choice	

single room     double room (to share with: .....)

number of nights

Check-in date		Check-out date	
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<b>EXCURSIONS</b>	<b>Date of excursions</b>	<b>Number of persons</b>	<b>Cost</b>
<i>Warsaw &amp; Royal Castle Sightseeing</i> <b>50 EUR per person</b>	Thursday, 25 July 2002 (10.00 – 14.00 hours)		
<i>Piano Concert in Żelazowa Wola</i> <b>95 EUR per person</b>	Saturday, 27 July 2002 (9:00 – 14:30 hours)		
<b>TOTAL AMOUNT</b>			

This excursions require a minimum number of participants. You will be notified and refunded by First Class if the required minimum number of bookings has not been achieved by 20<sup>th</sup> June 2002.

<b>PAYMENT</b>	<b>USD</b>	<b>EUR</b>
Hotel deposit		
Excursions		
<b>TOTAL</b>		

**Total amount will be paid as follows:**

- By Bank transfer to:  
 SAZ S.A. First Class Travel Agency  
 BRE BANK S.A. Warsaw Branch, 18, Senatorska Str. , 00-950 Warsaw, Poland  
 Account number: 11401977-00-262953-PLNCURR 01-62

Please indicate on the transfer „SLCS-10”.

Please note that the bank account for hotel payment is DIFFERENT from that for registration fee.

All bank charges must be paid by the participant.

If the remitter's name differs from the participant's name, please state clearly the name of the participant.

OR

By credit card:  Visa  Eurocard / Mastercard  Diners  American Express

When the hotel deposit payment is made by credit card, the form should be sent to the First Class Travel Agency by post or fax (not e-mail).

Card number																				
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Cardholders name																			
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	DD		MM		YY															
Expiration date																				

Date					Signature															
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**NO CHEQUES WILL BE ACCEPTED**