

ACCOMMODATION FORM

Send by e-mail to tuende@viennavaccines.com
together with the registration form

Please note: Fields with * are required!

First Name* _____ Last Name* _____

Degree _____

Company / Institution* _____

if you do not come from a company or university, write "none"

Department _____

I will need a single room

I will share my room with another person:

Name of second occupant _____

The second occupant will join dinners and social events

Travel Information

Arrival Date* _____ Departure Date* _____

Arrival time (if by plane) _____ Flight number _____

Departure time (if by plane) _____ Flight Number _____

I require shuttle service to/from the airport

Special Requirements

Vegetarian

Vegetarian but will eat fish

Disabled (wheelchair etc.)

Other _____

The rooms are going to be reserved at the conference venue, the Fleming's Conference Hotel in Vienna.

Date* _____

Signature* _____