Registration Form Continued

Registration online: www.worldallergy.org/wac2007

WORLD ALLERGY ORGANIZATION

Please print

Family name | First initial

Deadline for cancellation of Social Events and Registration
30 September 2007

Registration Fees

	Price/person USD	No of persons	USD
Paid before 1 July 2007	510	1	
Paid from 1 July – 30 September 2007	560	1	
Paid from 1 October 2007 and on site	610	1	
Student/ Junior			
Paid before 1 July 2007	310	1	
Paid from 1 July – 30 September 2007	310	1	
Paid from 1 October 2007 and on site	360	1	
Accompanying Person		1	
Paid before 1 July 2007	260	1	
Paid from 1 July – 30 September 2007	260	1	
Paid from 1 October 2007 and on site	310	1	

Immunotherapy Symposium
2 Dec 09.00-17.00 ☐ Yes ☐ No

Interactive Workshop
2 Dec Timeslot 1 (13.45-14.25) number ☐ Reserv ☐ Incl 1
2 Dec Timeslot 2 (14.35-15.15) number ☐ Reserv ☐ Incl 1

Food Allergy Symposium
6 Dec Time 08.30-17.30 ☐ Yes ☐ No Incl 1

House Dust Mite Workshop
Whole day, 6 Dec 100 1

Post Graduate Courses
Whole day, 6 Dec 100 1

Abstract Book I want an Abstract Book (included in registration fee) ☐ Yes ☐ No

Social Program

	Date	Price/person USD	No of persons	USD
Bangkok Orientation Tour ☐ 12.00 ☐ 13.00 ☐ 14.00 ☐ 15.00 ☐ 16.00	2 Dec	Incl		
Opening Ceremony and Welcome Reception Time 17.30-22.00	2 Dec	Incl		
Royal Ceremony Time 08.45-09.15	3 Dec	Incl		
All Congress-Event Time 18.00-23.00 Bus departs from QSNCC 17.15	5 Dec	Incl		
Accompanying Person Program				
Bangkok Orientation Tour ☐ 12.00 ☐ 13.00 ☐ 14.00 ☐ 15.00 ☐ 16.00	2 Dec	Incl		
Opening Ceremony and Welcome Reception Time 17.30-22.00	2 Dec	Incl		
All Congress-Event Time 18.00-23.00	5 Dec	Incl		
Damnern Saduak Floating Market 07.30-13.00 ☐ 3 Dec ☐ 6 Dec		Incl		
Rags to Riches ☐ 4 Dec 14.00-17.00 ☐ 5 Dec 09.45-13.00 ☐ 6 Dec 14.00-17.00		Incl		
Awards Dinner/Gala Dinner Time 19.00-24.00 Bus departs from QSNCC 18:15	3 Dec	90		

Sub-total registration (Page 2)

Registration Form Continued

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Hotel Reservation

Hotel Cancellation and Change Policy

Please inform CONGREX SWEDEN in writing and NOT the hotel about any changes regarding arrival and departure dates.
For cancellations before 1 October 2007, a cancellation fee of USD 50 applies.
CONGREX SWEDEN regrets that the hotel deposit cannot be refunded for hotel cancellations after 1 October 2007.

Arrival date: ____ / ____ 2007 **Departure date: ____ / ____ 2007**

Price Category	Single rooms per night	Number of rooms	Maximum Deposit per room*	Double rooms per night	Number of rooms	Maximum Deposit per room*
A	USD 200-291	_____	USD 582	USD 222-315	_____	USD 630
B	USD 130-170	_____	USD 340	USD 140-190	_____	USD 380
C	USD 60-110	_____	USD 220	USD 65-140	_____	USD 280

Special requests:
The deposit will be deducted from your hotel bill when checking out. If the cost of your stay is less than the paid deposit, Congress will only charge the actual cost.
* Please note that this is a deposit only. If you wish to prepay a whole stay, please contact Congrex for further information

Hotel Deposit

Please indicate Congrex Sweden AB, Attn: WAC 2007, your name and payment reference number 706/ and the serial number appearing on your confirmation on all money transfers to ensure quick handling.

All payments should be made in USD and made out to Congrex. Attn. WAC 2007. Mark your payment with your name and reference number 706/ and the serial number appearing on your confirmation on all money transfers to ensure quick handling.

Please indicate which of the following means of payment you wish to use.

☐ American Express ☐ Visa ☐ Eurocard/Mastercard

Credit card No. Expiry date CCV-security code*

* American Express: 4 digits on front of card.
VISA and MasterCard: 3 digits on back of card.

Please note that we do not accept personal checks, company checks or Euro checks

☐ Bank Transfer: Handelsbanken, PO Box 7190, SE-103 88 Stockholm, Sweden, account no: 6137 43 504 159

IBAN no. SE49 6000 0000 0000 4350 4159

BIC/SWIFT- Code HANDSESS

No bank transfers accepted after 01 November 2007

TOTAL REGISTRATION

HOTEL DEPOSIT

GRAND TOTAL

Having signed below, I herewith confirm that I have read and am fully aware of the cancellation conditions stipulated in the announcement

I hereby authorize Congrex to debit my credit card account for the total amount due. I also consent to Congrex debiting or crediting my credit card account for any subsequent change(s) to the items booked.

Date _____ Name _____

Signature _____