

THE 12TH ROMANIAN-FINNISH SEMINAR

International Conference on Complex Analysis and Related Topics

17-21 August 2009, Turku/Åbo, Finland

SOKOS HOTEL

SEURAHUONE | TURKU

ACCOMMODATION RESERVATION FORM

Person Details

First name _____ Family name _____

Address _____

Postal code _____ City _____

Country _____

Phone _____ Fax _____

Email _____

Accompanying person details (room share, max 3 persons in the same room)

Number of accompanying persons _____

First name _____ Family name _____

First name _____ Family name _____

Please contact me for a group reservation (min 11 persons)

Room reservation (please choose only one room type)

(when choosing a double room accompanying person details must be filled in)

Arrival date ___/___ 20___ Departure date ___/___ 20___ Total number of nights _____

Sokos Hotel Seurahuone, Eerikinkatu 23, 20100 Turku, Finland

Single room (standard) **80 EUR /room/night**

Double room (standard) **95 EUR /room/night**

Room rates are special rates for The 12th Romanian-Finnish Seminar. Rates include VAT 8% and buffet breakfast.

HOTEL CONFIRMATION

Hereby we confirm your reservation above. Your booking number is _____

Turku ___ / ___ 20___ _____

All changes and cancellations must be done directly to the hotel by email
sales.turku@sokoshotels.fi or by fax. +358 (0)2 231 1010.

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Payment and cancellation (Please indicate your means of payments)

Bank Account

Name of account holder	TOK Liiketoiminta Oy
Bank name	Sampo Bank plc
Bank address	HELSINKI FINLAND
SWIFT Address	PSP BfiHH, FI6780001101441930
Bank account number	800011-1441930

We kindly ask you not to send any cheques. **Please notice, no separate invoice will be sent.**
Please notice to add all additional costs to the room rate to cover possible transfer charges.
Please note this payment must be done when reservation is made or latest 30th June 2009.

Credit Card payment

We hereby allow TOK Liiketoiminta Oy in Finland to charge the following credit card:

Visa Eurocard Mastercard Diners Amex

Card Owner (company etc) _____

Card Holder (individual) _____

Card Number _____

Expiration date _____

Card Verification value (CVV-code) _____ (3 last digits on the back side of the card)

Total Amount EUR _____

Booking number _____

Picture of both sides of the credit card must be enclosed with this reservation form.

If we receive your written cancellation latest 27th July 2009, no cancellation fee will be applied.

If we receive your written cancellation 28th July - 10th August 2009, we will refund 50% of the total value of this reservation.

In case of no shows and cancellations received after 10th August 2009 there will be no refunds. Exceptions include cases of illness and force majeure and will be negotiated separately.

By returning information on this reservation form I declare that I have read and accepted payment and cancellation terms.

Date ___/___/20___ Signature and clarification _____

**PLEASE RETURN THIS RESERVATION FORM LATEST 30th June 2009 BY FAX TO
Sokos Hotels, Turku / Sales Service Centre, FAX +358 (0)2 231 1010**

For further information, please don't hesitate to contact us.

**Sokos Hotels, Turku (TOK Liiketoiminta Oy)
Sales Service Centre, Turku, PO BOX 186, 20101 TURKU
Tel. +358 (0)2 337 3800 Fax. +358 (0)2 231 1010 Email sales.turku@sokoshotels.fi**