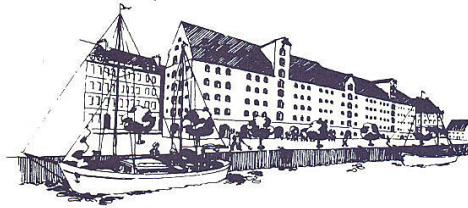


Copenhagen Admiral Hotel



SICI Meeting 22-24 March 2010

RESERVATION FORM

(To be sent directly to the hotel)

COPENHAGEN ADMIRAL HOTEL

Toldbodgade 24-28
DK-1253 Copenhagen K
Tel.: +45 3374 1414
Fax: +45 3374 1415

Single room at agreed rate
Double room at agreed rate

Buffet breakfast included in room rate
NON-smoking

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input checked="" type="checkbox"/>
<input type="checkbox"/>

Please note that binding reservation must be made before 8th February 2010 to secure space. Bookings after this date will be on a request basis.

IMPORTANT:

Please fill in and send this form via facsimile or e-mail to uw@admiralhotel.dk

Family name: _____ First name: _____

Nationality: _____

Telephone no. _____ Fax/Mail: _____

Arrival date: _____ Departure : _____

Room shared with: _____

The undersigned authorises the Admiral Hotel to debit the following credit card for the amount of the first night in case of no-show. The card details also ensure that the room is guaranteed for late arrival.

The room may be cancelled before 4.00 p.m. on the day of arrival at no charge

Credit card (type & no.): _____ Exp. date: _____

Guest confirmation:

Hotel confirmation:

Date and signature

Date and signature