

REGISTRATION FORM
6th International Conference on the Science and Application of Nanotubes
26 June – 1 July 2005, Göteborg, Sweden

50502/

PLEASE USE BLOCK LETTERS

Family name: _____

First name: _____ Title/Profession: _____

Organization/Company: _____

Street/ P O Box: _____

Postal code: _____ City: _____ Country: _____

Telephone: _____ Telefax: _____ E-mail: _____

Name(s) of accompanying person(s): _____

ADVANCE REGISTRATION

Date: 26 June – 1 July, 2005

**Price/pers.
SEK**

**Total
SEK**

(Code)

Registration Fee incl. VAT

Participant

until March 31, 2005

*3 625

(001)

(See registration information for VAT regulations)

from March 31, 2005

*4 000

(003)

Students

Until March 31, 2005

*2 375

(005)

From March 31, 2005

*2 750

(007)

Registration Fee excl. VAT

Participant

until March 31, 2005

2 900

(002)

from March 31, 2005

3 200

(004)

Students

Until March 31, 2005

1 900

(006)

From March 31, 2005

2 200

(008)

Accompanying person; No of persons: _____

*1 625

(035)

Tutorial Day, 26/6

Student attending the NT05

Yes

No

Free

(009/010)

Student NOT attending the NT05

Incl. VAT*

*625

(011)

Student NOT attending the NT05

Excl. VAT

500

(012)

Participant

Incl. VAT*

*625

(013)

Participant

Excl. VAT

500

(014)

* Prices include VAT increment of 12%-25%. StoCon's VAT registration number is SE 556127722801.

Price/pers SEK

Social Program

25/6

Evening Welcome party for Students

Yes

No

incl.

(050/051)

26/6

Welcome Gathering at Chalmers Conference Centre

Yes

No

incl.

(060/061)

27/6

Welcome Reception at City Hall Börsen

Yes

No

incl.

(070/071)

29/6

Boattrip and Conference Dinner at Eriksbergshallen

*200

(080)

ACCOMMODATION

Hotels	Single room SEK/night	No of rooms	Double room SEK/night	No of rooms
Elite Plaza Hotel	1587/1895		-	
Quality Panorama Hotel	1055		1355	
Spar Hotel Gårda	595/695		850	
SGS Veckobostäder	350		450	

Arrival: _____ / June

Departure: _____ / July

All rates, in SEK, include breakfast (except SGS Veckobostäder), service and a VAT increment of 12%. Taxes or official charges are subject to changes without notice. Reservations will be confirmed when StoCon has received your hotel deposit.

Special dietary requirements: _____ (800)

Hotel Deposit, first nights charge: SEK _____

Total SEK: _____

PAYMENT

Payment should be made in SEK, payable to Stockholm Convention Bureau. Please make sure to indicate "NT05" and your name on all money transfers.

- Banker's Draft (Personal or Company cheques can not be accepted) Bank Account, SEB, Stockholm No 5267-10 066 16, SWIFT-address ESSESESS (IBAN Account No: SE7350000000052671006616)
- Postal Giro 65 37 38-5 (Participants from Sweden and Nordic countries only) Bank Giro 644-8773 (Participants from Sweden only)
- Eurocard/Mastercard Diners Club American Express Visa

Charge my card No: _____

With expiry date: _____ Total SEK: _____

Date ____ / ____ Signature _____

**Please send or email
this form to:**

Stockholm Convention Bureau, "NT05", P O Box 6911, SE-102 39 Stockholm, SWEDEN. Fax No: +46 8 5465 1599
 confirmation@stocon.se