

HOTEL ACCOMMODATION FORM

27th -29th October, 2006, Science City, Kolkata

Please return this form with your payment latest by 31st August, 2006 to the Conference Secretariat to enable us to confirm your accommodation / tours of your choice immediately.

DELEGATE DETAILS

Registration No. / Receipt No.....

Surname _____ Name _____

Organisation : _____

Address : _____

Pin: _____ City: _____ State: _____

E-mail: _____

HOTEL DETAILS

ACCOMMODATION RATES

Category A	Rs. 5000 / day
Category B	Rs. 3000 / day
Category C	Rs. 2000 / day
Category D	Rs. 1000 / day

(Please indicate choice in order of preference. Allotment subject to availability on first come first served basis)

HOTEL CHOICE

First preference _____ Second preference _____

Third preference _____ Fourth preference _____

No. of occupants _____ Arrival Date _____

Department Date _____ Additional Night _____

Meals Preference: Veg Non Veg (Before 27th & after 29th October)

Type of Rooms preference A/C, Non A/C Deluxe, Single, Double

Note: Room will allotted on twin sharing basis

ARRIVAL DETAILS

Arrival Date _____ Time _____ Flight / Train No. _____

From _____ To : Kolkata

PAYMENT DETAILS

Cost of accommodation : INR _____ (all days room rent advance required)

Cost of Tours : INR _____

(mention Tour name with tariff x No. of person) _____

The amount to be paid– the accommodation is worked out as Number of rooms x numbers of Night x Upper level of tariff. E.g. one room for 4 nights in the mention slab. Any excess payment will be reimbursed. The proposed tariff is only an estimate. Any increase in taxes or hotel rate have to be paid by the delegate.

Mode of Payment:

Demand Draft only in favour of " ACADIMA 2006" payable at
Kolkata, drawn on _____ Bank
No _____ Date _____ Amount _____