REGISTRATION AND HOTELBOOKING FORM

One copy of this Registration Form should be completed for each active participant. Please complete this form on the screen, print the filled out form and send it by fax to the Conference Secretariat. Please note that your signature has to be handwritten.

Title
☐ Prof.       ☐ Dr       ☐ Mr       ☐ Ms

Family name
First name

Company/Institution
Position

Address
City/Postal code
Country
E-mail address

Telephone
(country-area-local)

Telefax
(country-area-local)

Accompanying Person:

Title
☐ Mr       ☐ Ms

Family name
First name

1) Registration Fees: (Check category and fill in the “amount to be paid”) NLG = Dutch Guilders

☐ Participant, payment before May 15, 1998 750.-
☐ Participant, payment after May 15, 1998 850.-
☐ Accompanying person(s), payment before May 15, 1998 500.-
☐ Accompanying person(s), payment after May 15, 1998 575.-

2) Accompanying Person(s) Programme: (Included in the accompanying persons’ fee)

☐ Jewish Amsterdam  Sunday, August 16 200
☐ Enkhuizen  Monday, August 17 201
☐ Flower Auction & Historic Museum  Tuesday, August 18 202
☐ Delft and The Hague  Wednesday, August 19 203

3) Sightseeing tours: (Saturday August 22, 1998) (Included in the participants’ and accompanying persons’ fee) (Please tick one box only)

☐ Company visit to Swets  Full day 210
☐ City Sightseeing Amsterdam  ½ day 211
☐ Bicycle Tour through Amsterdam  ½ day 212
Excursion to Marken and Volendam ½ day 213
Gouda en Schoonhoven Full day 214
Zaanse Schans, Edam & Monnickendam ½ day 215
Kröller-Müller Museum and the Loo Palace Full day 216

4) Library Visits & Receptions: (Included in the participants’ and accompanying persons’ fee)  

<table>
<thead>
<tr>
<th>Code No.</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>220</td>
<td>Public Libraries</td>
</tr>
<tr>
<td>221</td>
<td>University and other Research Libraries</td>
</tr>
<tr>
<td>223</td>
<td>Special Libraries, other libraries and library partners</td>
</tr>
</tbody>
</table>

5) Post Conference Tours:  
If you are interested in the post conference tours please tick this box and we will send you all the information.

6) Hotel Reservation:  

<table>
<thead>
<tr>
<th>Categories</th>
<th>Single</th>
<th>Double</th>
<th>Deposit to be paid (NLG)</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>NLG 350.-/450.-</td>
<td>NLG 375.-/475.-</td>
<td>450.-</td>
</tr>
<tr>
<td>B</td>
<td>NLG 275.-/350.-</td>
<td>NLG 300.-/375.-</td>
<td>450.-</td>
</tr>
<tr>
<td>C</td>
<td>NLG 165.-/275.-</td>
<td>NLG 230.-/300.-</td>
<td>300.-</td>
</tr>
<tr>
<td>D</td>
<td>NLG 120.-/165.-</td>
<td>NLG 165.-/220.-</td>
<td>300.-</td>
</tr>
</tbody>
</table>

Arrival date: /  
Departure date: /  

Name preferred hotel:  
Name second preferred hotel:  

Please note that Congrex Holland reserves the right to assign you to another hotel category should the desired category be fully booked.

Total amount (registration fee + hotel deposit) to be paid in NLG

7) Payment  
Payment must be made in Dutch Guilders. Please state your name and address clearly on cheques and money orders. The total costs of NLG will be paid by:

- Guaranteed credit card, following details are required
  - Type of Card:  
    - AMEX
    - VISA
    - Euro/Master Card  
  - Card number:
  - Expiry date: /  
  - Cardholders name:
  - Signature cardholder (essential):

Remitted by enclosed cheque payable to CONGREX HOLLAND BV, P.O. Box 302, 1000 AH Amsterdam, The Netherlands (personal or company cheques cannot be accepted)  
Cheque number
Cancellations and refunds
Notification of cancellation must be submitted before June 1, 1998 in writing to the Conference Secretariat. The fee for cancellations received before June 1, 1998 is NLG 100.-. For cancellations after June 1, 1998 no refunds will be given. All refunds will be made after the conference.

Cancellation of room reservations
Notification of cancellation of hotel rooms must be submitted before May 15, 1998 in writing to the Conference Secretariat. If you have to cancel after the deadline, your hotel deposit will be refunded only if the hotel can re-allocate your room.

By signing this form I declare to agree with the cancellation policy.

Signature  .........................................................  Date  .................................................................