

REGISTRATION FORM

The 12th IARU Region 3 International Conference

Taipei, Taiwan - 16th to 20th February 2004

(Fill out one form per PERSON attending the conference as a delegate or a partner)

PLEASE PRINT WHEN FILLING OUT THIS FORM

PAGE 2 OF 3 (For Highness Hotel Booking Use)

CONTACT INFORMATION:

Name in Print	Surname			First	Middle	Date of Birth	Day	Month	Year
	Mr. / Mrs. Ms / Dr.								
Nationality				Passport Number		Sex	<input type="checkbox"/> Male <input type="checkbox"/> Female		
Date of Arrival	____ / ____ / 2004 (day / month / year)			Duration of Stay	Check in	Check out	Where from		
Home Addr.									

ACCOMMODATION REGISTRATION DETAILS: (The Conference Venue)

Hotel Room Category Description	Number of Nights (Enter nights required)	Room Rate Per Night (NT\$)	Sub-Total (Number Nights x Room Rate)
Executive Double (one double size bed)		2,600	
Superior Twin (2 single beds)		3,000	
Deluxe Twin (1 double-size & 1 single beds)		3,780	
Tax (Total rates plus)		5 %	
Grand Total Payable To Highness Hotel	Total Nights		\$ _____ NT

If you have indicated a Twin Room - whom will you be sharing with?				Name:			
Smoking or Non	Smoking		Non-Smoking		Date Received (Office Use Only)		

CREDIT CARD PAYMENT (VISA / MasterCard) :

Name (as shown on card) (PLEASE PRINT)							
CARD NUMBER :	__ __ __ __	__ __ __ __	__ __ __ __	__ __ __ __	__ __ __ __	__ __ __ __	__ __ __ __
CARD TYPE : (Circle One)	VISA	MasterCard	DATE OF EXPIRY :	MM	YY	YY	YY
AMOUNT BE DEBITED :	\$				NEW TAIWAN DOLLARS		
I agree to the Highness Hotel debiting this amount to my credit card.		Signature :					