Fourth European Conference of the Society for Research on Nicotine and Tobacco

SANTANDER. SPAIN - October 3-5, 2002

REGISTRATION FORM

Family Name.....First Name.....

Organization.....

Mailing Address.....

City.....Postal Code.....Country.....

E-mail.....Phone.....Fax.....

REGISTRATION FEES	Before June 1st	After June 1st
☐ MEMBERS SRNT	300 €	400 €
☐ NO MEMBERS	400 €	500 €
☐ TRAINEES/STUDENTS* *(certification of status required)	150 €	200 €

Signature:

REGISTRATION PAYMENT

• CREDIT CARD ☐ VISA ☐ EUROCARD ☐ MASTERCARD

Card Number | | | | | | | | | | | | | | | | Expiry date | | | | | | Cardholder.....

• Check payable to 4EC SRNT (send by mail to AFORO)
• Wire transfer to 4EC SRNT
Bank: Caja Cantabria Address: Urbana Valdecilla-39008 Santander. Spain
Bank Account number: 2066 0131 10 0200006121
(The necessary amount to cover bank expenses must be added. Please attach a copy of the bank draft to this form)

Technical secretariat: **AFORO**
Magallanes, 36 . 39007 Santander (Spain)
Phone +34 942 230 627 Fax +34 942 231 058
E-mail: info@aforosl.com

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ACCOMMODATION FORM

Family Name.....First Name.....

Organization.....

Mailing Address.....

City.....Postal Code.....Country.....

E-mail.....Phone.....Fax.....

ACCOMMODATION	Double Room	Single Room
☐ REAL HOTEL (5*)	143,38 €	113,96 €
☐ SANTEMAR HOTEL (4*)	111,25 €	83,60 €
☐ SARDINERO HOTEL (3*)	93,25 €	77,17 €

I would like to book ☐ Double ☐ Single room Nº of rooms.....
Arrival Day.....Departure Day.....

Prices per night and room, including breakfast and taxes - (One night deposit is necessary to confirm the reservation, the rest will be payed upon departure at the Hotel)

Signature:

ACCOMMODATION PAYMENT

• CREDIT CARD ☐ VISA ☐ EUROCARD ☐ MASTERCARD

Card Number | | | | | | | | | | | | | | | | Expiry date | | | | | | Cardholder.....

• Check payable to AFORO (send by mail to AFORO)
• Wire transfer to AFORO
Bank: Caja Cantabria Address: Urbana General Dávila, 52. 39005 Santander. Spain
Bank Account number: 2066 0013 22 0200013697
(The necessary amount to cover bank expenses must be added. Please attach a copy of the bank draft to this form)

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