REGISTRATION FORM Reg. NO:_____

CHILDHOODS
2005 Oslo

Surname:_____

First name:_____
Company/
Institution:_____

Postal address:_____

City:_____ State/Country:_____

Zip/Postal code:_____

Phone:_____Telefax:_____
(Include area/Country code)
E-Mail:_____

Accompanying
Person(s):_____

Do not forget to make a copy for your own record. Please send this form only once. Do not repeat fax by mail.

Please return this form and payment to:
CHILDHOODS 2005
c/o Congress-Conference AS
Thomas Heftyes gt. 2
P.O. Box 2694 Solli
N-0204 Oslo, Norway
Phone: +47-22 56 19 30
Fax: +47-22 56 05 41

Cancellation:
A cancellation fee of NOK 500,- is charged on cancellations received by Congress-Conference AS before **May 1, 2005.** No refund will be made after this date.

Hotel payment:
Hotel rooms will not be reserved unless Congress-Conference AS has received the deposit

As per January 2005 VAT is not added to registration fees or hotel rates. However, if VAT is implied, the fees and rates will change accordingly.

REGISTRATION	PRICE NOK Pr. person	No of persons	NOK total	code
REGISTRATION FEES CATEGORY A				
Regular registration fee before May 1	2.600	1	_____	(010)
Regular registration fee from May 1	3.000	1	_____	(015)
Student registration fee before May 1	1.600	1	_____	(020)
Student registration fee from May 1	2.000	1	_____	(025)
REGISTRATION FEES CATEGORY B				
Regular registration fee before May 1	1.600	1	_____	(030)
Regular registration fee from May 1	2.000	1	_____	(035)
Student registration fee before May 1	700	1	_____	(040)
Student registration fee from May 1	1.000	1	_____	(045)
REGISTRATION FEES CATEGORY C				
Regular registration fee before May 1	975	1	_____	(050)
Regular registration fee from May 1	1.175	1	_____	(055)
Student registration fee before May 1	175	1	_____	(060)
Student registration fee from May 1	225	1	_____	(065)
Accompanying person(s)	500	_____	_____	(050)
SOCIAL PROGRAM				
Reception Oslo City Hall, June 30	incl.	_____	0,-	(200)
Open air dinner at University Campus July 2	incl..	_____	0,-	(210)
Hotel deposit per room	1.245	_____	_____	(500)
	TOTAL		_____	

ACCOMMODATIONS I will arrange my own accommodations: ☐
Date of arrival: ____ /_____ 2005 Date of departure: ____/ ____ 2005
Room has been reserved through:.....(booking agency or company)

Hotel	**Single (NOK) incl. breakfast**	**No of rooms**	**Double (NOK) incl. breakfast**	**No of rooms**
Hotel Continental	1.250		1.580	
Radisson SAS Plaza Hotel	1.190		1.390	
Quality Savoy Hotel	995		1.195	
Radisson SAS Scandinavia Hotel	895		1.095	
Clarion Hotel Royal Christiania	795		1.195	
Comfort Hotel Børsparken	695		895	
Rainbow Gyldenløve Hotel	680		930	
Rainbow Hotel Munch	555		695	
Cochs Pensjonat	490		700	
Perminalen Hotel	295		Not available	

GRAND TOTAL PAYMENT
All payment must be free of all bank charges, in Norwegian Kroner (NOK) and in advance to: Congress-Conference AS.
The name of the delegate and Childhoods 2005 must accompany the payment. Please indicate the way of payment:
☐ Banker's Draft ☐ SWIFT to UBNONOKK acc.no. 1607 56 64544 IBAN NO86 1607 5664 544
☐ Diners Club ☐ Visa ☐ American Express ☐ Eurocard/Mastercard

Charge my card no:___/___/___/___/___/___/___/___/___/___/___/___/___/___/___/___/___/___/ Expiry date____/____

Date:……Signature:…….. Total NOK:…… and any subsequent payments
The undersigned has read and accepted the cancellation and liability policy