



INTERNATIONAL ASSOCIATION OF SCIENTIFIC, TECHNICAL & MEDICAL PUBLISHERS

REGISTRATION FORMS

- [Spring 2006 Conference Registration Form](#)
- [Budapest Hilton Registration Form](#)

STM's Annual Spring Conference
Windows of Opportunity: How Publishers are Looking for Growth

17 & 18 May 2006
at the Hilton Budapest Hotel (Castle District)

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STM's Annual Spring Conference
Windows of Opportunity: How Publishers are Looking for Growth
17 & 18 May 2006 at the Hilton Budapest Hotel

Registration form should be e-mailed to secretariat@stm.nl or fax to **+31 70 314 09 40**

Name		
Business Title		
Company / Institution		
Street Address		
City	Postal Code	Country
Phone	Fax	
E-mail		

Registration fees – Discounts for early registration

After April 20, 2006

Member	E 750
Non - Member	E 1,000
'New Manager' * Members Only	E 400

Payment

Enclosed is a cheque, a bankdraft or a postal order for €
(Please make payable to the International Association of STM Publishers)

Please charge my credit card for €

Visa Mastercard

Card No.

Expiration Date Name of Cardholder

Signature

HOTEL RESERVATION FORM



STM's Annual Spring Conference
Hilton Budapest Hotel, Hungary, 15 - 19 May 2006

Please complete this form in block letters using blue or black pen. For multiple bookings, please photocopy this form.

GENERAL INFORMATION

Title:	First name:	Billing address:	
Last name:	Country:	State/Province:	
Job title:	City:	Zip/Postal code:	
Company:	Street:		
Department:	Tel:		
E-mail:	Fax:		

HOTEL RESERVATION \ Hilton Budapest

Arrival: _____ **Departure:** _____ **Number of nights:** _____
 Check-in: 15:00 hours Check-out: 12:00 hours noon

Flight details:

Arrival flight number: _____ Arrival time: _____ Departure time: _____ Departure flight number: _____

Please tick accordingly, which room type you would like to book (*please note that this is subject to availability)

Room type:	Rate:		*Preference:
<input type="checkbox"/> Hilton Guest room	<input type="checkbox"/> Single rate: EUR 210, -/room/night	<input type="checkbox"/> Double rate: EUR 210, -/room/night	<input type="checkbox"/> Smoking room
<input type="checkbox"/> Danube view room	<input type="checkbox"/> Single rate: EUR 240, -/room/night	<input type="checkbox"/> Double rate: EUR 240, -/room/night	<input type="checkbox"/> Non-smoking room

Room rates excluded 15% VAT and INCLUDES the Hilton Buffet Breakfast (normally Euro 25,-/person).

Yes, I am a Hilton HHonors member, number: level: _____

METHOD OF PAYMENT

All reservations must be guaranteed with a major credit card (with valid expiry date). Bookings without credit card information or without an authorization signature below will not be accepted. Please guarantee my room reservation with the credit card as follows:

Visa Eurocard/MasterCard American Express Diners Club JCB

Card number: Expiry date:

Name of cardholder: Signature:

CANCELLATION BY DELEGATES

The hotel reserves the right to charge a cancellation fee equivalent to one night's room rate for all reservations cancelled within 72 hours prior to the arrival day. Reservations cancelled within 24 hours prior to the arrival date are subject to a cancellation fee equivalent to the room charge of the entire stay.

In case of cancellation I authorize Hilton Budapest to charge the penalty to my credit card.

An extra supplement will apply for:

Late check-out until 18:00 – 50% discount on the daily rate. Yes No
 Late check-out after 18:00 – Full rate will apply. Yes No

Any cancellations or modifications must be confirmed in writing. **Please fax this application form back to:**
Hilton Budapest 1014 Budapest, Hess A.tér 1-3. Hungary