



SOLMECH 2002

34th Solid Mechanics Conference

2-7 September, 2002, Zakopane, Poland

PARTICIPANT

Prof. Dr Mr Mrs *Please use block letters*

Family name _____ First name _____

Company/Organisation _____

Address _____

City _____ Post/Zip Code _____ Country _____

Telephone _____ Fax _____

E-mail _____ Duplicate e-mail _____

(Please enter your email address again to ensure accuracy.)

ACCOMPANYING PERSON(S)

Family name _____ First name _____

ACCOMMODATION

I will make my own hotel arrangements

Please indicate your choice and write down the date

Arrival date _____ 2002 Departure date _____ 2002

Number of single rooms _____ Number of double rooms _____

I will share my double room with _____

Hotel price includes: hotel room, breakfast, dinner in Kasprowy Hotel and VAT tax.

HOTEL	Single room	Double room	TOTAL package
	5 nights package price /in USD/	5 nights package price /in USD/	
A - HOTEL CATEGORY * Kasprowy Congress venue	410	262 per person	_____

ADDITIONAL ACCOMMODATION (before & after conference)

HOTEL		Single room	Double room	From	Till	No of nights	TOTAL
		price per night /in USD/	price per night /in USD/				
IN WARSAW Ibis Centrum	before	75	80 <small>rooms only with ONE double bed</small>	_____	_____	_____	_____
	after			_____	_____	_____	_____
IN CRACOW Ibis Centrum	before	80	85 <small>rooms only with ONE double bed</small>	_____	_____	_____	_____
	after			_____	_____	_____	_____

Deadline for hotel reservation is:

May 30, 2002

Please return this form to:

Mazurkas Travel
Congress Bureau
Attn: SOLMECH 2002
Długa Street 23/25
00-238 Warsaw
POLAND

Tel.:
+48 22 831 91 73
+48 22 831 91 74
+48 22 635 87 32
Fax:
+48 22 831 91 77

E-mail
solmech@mazurkas.com.pl

Hotel room will be confirmed upon receiving the payment

Mazurkas Travel Congress Bureau reserves the right to change double room into single if there is no person to share double.

*
5-nights package available ONLY September 2-7. Full payment of package price is required to guarantee reservation.



Registration form, cont'd

Family name _____ First name _____

OPTIONS	Date	Price per person/USD	No. of persons	Total amount
TRANSPORTATION				
TO ZAKOPANE				
by bus from WARSAW EUROPEJSKI	2.09 1 p.m.	35	_____	_____
by bus from WARSAW OKĘCIE AIRPORT	1.30 p.m.	35	_____	_____
by bus from CRACOW IBIS HOTEL	6.30 p.m.	15	_____	_____
FROM ZAKOPANE				
by bus to WARSAW EUROPEJSKI	7.09 2.30 p.m.	35	_____	_____
by bus to CRACOW	2.30 p.m.	15	_____	_____
SOCIAL PROGRAMME				
Full day excursion to Cracow and Wieliczka (lunch included)	3.09	49	_____	_____
Panoramic sightseeing of Zakopane ad vicinity at 2.30 p.m	5.09	14	_____	_____
<i>For other suggestions please contact Mazurkas Travel Congress Bureau office.</i>				

Special Dietary Requirements
(complete only if necessary)

- vegetarian
 kosher

Make sure to indicate
Mazurkas Travel
Congress Bureau,
Attn. SOLMECH
and your name on
all money transfers

Attention: Please note that
all bank charges should be
paid by the registrant.

PAYMENT DETAILS

Total accommodation: _____ USD
Transportation: _____ USD
Social programme: _____ USD
TOTAL AMOUNT DUE: _____ USD

Please indicate which of the following
ways of payment you are using.

- Bank transfer to:
* For foreign participants BRE Bank O/WARSZAWA, POLAND
Bank account number 11401010-00-440153-USDCURR03 " SOLMECH-acc."
* For Polish participants BRE Bank O/WARSZAWA, POLAND
Bank account number 11401010-00-440153-PLNCURR12 " SOLMECH-acc."
 American Express VISA Eurocard/Mastercard JCB Other _____

Credit Card No _____ Expiry date _____
M M Y Y

Having signed below, I herewith confirm that I have read and I am fully aware of the cancellation conditions. I hereby authorise Mazurkas Travel Congress Bureau to debit this credit card account for the total amount due. I also consent to Mazurkas Travel debiting or crediting my credit card account with the amount of any subsequent change(s) to the items booked. I also authorise Mazurkas Travel Congress Bureau to process my personal data due to conference purpose and company activities. I am aware that I may review and correct my data.

Credit card owner's name _____ Signature _____

Applicant's signature _____ Date _____