

The Seventh International Conference on Auditory Display

Helsinki University of Technology, Finland
 29th of July - 1st of August 2001

Kindly return this form by June 15, 2001 to:
 TSG-Congress Ltd. Kaisaniemenkatu 3 B 12
 FIN-00100 HELSINKI, Finland
 fax +358 9 667 675, phone +358 9 628 044
 email: info@tsgcongress.fi

PARTICIPANT

One participant per form.

PLEASE TYPE OR USE
 BLOCK LETTERS

Title <input type="checkbox"/> Prof <input type="checkbox"/> Dr <input type="checkbox"/> Ms <input type="checkbox"/> Mr		Position	
Surname		First name	
Institution/Company			
Street address			
Postal code and city		Country	
Phone	Fax	E-mail	

Indicate country and area codes with phone and fax numbers.

REGISTRATION FEES

code		By May 11, 2001	After May 11, 2001	Total in FIM
RF1	Participant registration fee	FIM 2800 (€ 470,93)	FIM 3200 (€ 538,20)	
RF2	Student registration fee, please verify	FIM 2000 (€ 336,38)	FIM 2400 (€ 403,65)	
RF3	On-site registration fee	FIM 3500 (€ 588,66)		

SOCIAL PROGRAMME

Included in the registration fees. Kindly indicate your participation in the social programme.

code		My own participation	Spouse/guest participation	Total in FIM
CF1	Sunday, 29 July Get-Together Party	<input type="checkbox"/> Yes <input type="checkbox"/> No	Extra ticket(s) _____ x FIM 150 (€ 25,23)	
CF2	Monday, 30 July Conference Banquet	<input type="checkbox"/> Yes <input type="checkbox"/> No	Extra ticket(s) _____ x FIM 450 (€ 75,69)	
CF3	Tuesday, 31 July Nuksio visit	<input type="checkbox"/> Yes <input type="checkbox"/> No	Extra ticket(s) _____ x FIM 150 (€ 25,23)	

TUTORIALS

Tutorials are included in the registration fee.

CF4	Sunday, 29 July Tutorials	<input type="checkbox"/> I will participate	<input type="checkbox"/> No, I cannot participate	
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ACCOMMODATION

To guarantee your hotel reservation, a deposit is required. Room prices are per night per room.

code				Deposit in FIM
60	<input type="checkbox"/> Radisson SAS Hotel Espoo ★★★★★ (Located in Espoo, next to the conference venue)	<input type="checkbox"/> Sgl 560 FIM (€ 94,19)	<input type="checkbox"/> Dbl 710 FIM (€ 119,41)	<input type="checkbox"/> FIM 1000 (€ 168,19)
43	<input type="checkbox"/> Scandic Hotel Simonkenttä ★★★★★ (Located in Helsinki)	<input type="checkbox"/> Sgl 865 FIM (€ 145,48)	<input type="checkbox"/> Dbl 1065 FIM (€ 179,12)	<input type="checkbox"/> FIM 1000 (€ 168,19)
10	<input type="checkbox"/> Hotel Helka ★★★ (Located in Helsinki)	<input type="checkbox"/> Sgl 580 FIM (€ 97,55)	<input type="checkbox"/> Dbl 720 FIM (€ 121,10)	<input type="checkbox"/> FIM 1000 (€ 168,19)
34	<input type="checkbox"/> Hostel Academica (Located in Helsinki)	<input type="checkbox"/> Sgl 320 FIM (€ 53,82)	<input type="checkbox"/> Dbl 450 FIM (€ 75,68)	<input type="checkbox"/> FIM 500 (€ 84,09)

Date of arrival at the hotel <input type="checkbox"/> Late arrival (after 18:00 p.m.)	I share room with _____	Total of deposit in FIM
Date of departure from the hotel _____	Special requests concerning accommodation _____	

Grand total of all payments in FIM

METHOD OF PAYMENT

All payments should be paid in advance at the same time with registration.

I authorize TSG-Congress to charge my credit card <input type="checkbox"/> Visa <input type="checkbox"/> Eurocard <input type="checkbox"/> Mastercard		<input type="checkbox"/> Bank transfer Bank: Okobank Ltd. Helsinki-Finland Swift code and account: OKOYFIHH 572302-2460211 TSG-Congress Ltd. The name of the participant and "ICAD 2001" are requested to be seen on the bank transfer. Personal, company or traveller's cheques cannot be accepted.
Credit card number _____		
Credit card holder _____		
Card verification value number (CVV or CVC) placed on your card signature panel, last 3 digits: _____		
Date of expiry (mm/yy) ____/____ The amount in FIM _____		
Invoicing address of the credit card (required by the credit card company) _____		
Date _____ Authorized signature for credit card charge _____		

Do you have special dietary or handicap needs that we can address to make your participation more comfortable and enjoyable?

PLEASE, SIGN THIS REGISTRATION FORM

Date _____ Signature _____
 With my signature I have studied and accepted the payment and cancellation policy.