



## HOTEL FORM

The 15<sup>th</sup> International Conference on  
**ALT'07, Advanced Laser Technologies**

September 3 – 7, 2007 Levi, Finland

**Infotech Summer School**

August 31 – September 2, 2007, Levi, Finland

Please complete this form in block capitals  
and return it by 15<sup>th</sup> July 2007 by fax or mail

to: **Fax: +358 16 641 568**

Hotel Levi Center Hullu Poro  
FIN-99130 LEVI, FINLAND

Tel. + 358 16 651 0100

Fax +358 16 641 568

hullu.poro@levi.fi

[www.hulluporo.fi](http://www.hulluporo.fi)

### 1. Name and address

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Title \_\_\_\_\_

Organization \_\_\_\_\_

Address \_\_\_\_\_

Postcode \_\_\_\_\_ City \_\_\_\_\_ Country \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

E-mail \_\_\_\_\_

#### Accompanying persons

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Mrs/Mr/Ms

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Mrs/Mr/Ms

DATE OF ARRIVAL \_\_\_\_\_ DATE OF DEPARTURE \_\_\_\_\_

### 2. Accommodation

Room type		Price / room / night
Single room	<input type="checkbox"/>	58 EUR
Twin room	<input type="checkbox"/>	68 EUR
Apartment for 3 persons	<input type="checkbox"/>	102 EUR
Apartment for 4 persons	<input type="checkbox"/>	136 EUR
Suite for 4 persons	<input type="checkbox"/>	156 EUR
Suite for 5 persons	<input type="checkbox"/>	175 EUR
Suite for 6 persons	<input type="checkbox"/>	210 EUR
		Total:

I wish to share the accommodation with \_\_\_\_\_

Special request for accommodation \_\_\_\_\_

Check-in time is 4.00 p.m.

Check-out time is 11.00 a.m.

### 3. Cancellation policy

Cancellation has to be done in writing to Hotel Hullu Poro by e-mail: [hullu.poro@levi.fi](mailto:hullu.poro@levi.fi) or by fax to the number +358-16-641 568. The cancellation will take effect from the day when the written notification has arrived to the hotel.

If the written notification has arrived

- more than 21 days prior to arrival, cancellation is made without any expenses
- 11-20 days prior to arrival, we charge 50% of the accommodation costs
- 0-10 days prior to arrival, total amount of the accommodation costs will be charged

### 4. Payment

Credit card

VISA

MASTERCARD

EUROCARD

AMEX

Card number

Card ID no

Date of expiry

Amount \_\_\_\_\_ €

Cardholder's name \_\_\_\_\_

DATE \_\_\_\_\_

SIGNATURE \_\_\_\_\_