

# Registration / hotel booking form

International Conference on Psychiatry and Religion



## *Psychological Aspects of Biblical Concepts and Persons*

4-6 March 2002, Vrije Universiteit Amsterdam, The Netherlands

**Each participant should register on a separate form. Please copy this form if necessary.**

Name: \_\_\_\_\_ F/M \_\_\_\_\_

Initials: \_\_\_\_\_ Title: \_\_\_\_\_

Institute: \_\_\_\_\_

Full address: \_\_\_\_\_

Postal code + City \_\_\_\_\_ Country: \_\_\_\_\_

Phone number: \_\_\_\_\_ Fax number: \_\_\_\_\_

Email address: \_\_\_\_\_

Diet: \_\_\_\_\_

### Conference fees

- > **Full registration fee**
- |             |                          |   |     |
|-------------|--------------------------|---|-----|
| Participant | <input type="checkbox"/> | € | 180 |
| Student     | <input type="checkbox"/> | € | 90  |
- > **Registration one day**
- |         |                          |   |    |
|---------|--------------------------|---|----|
| 4 March | <input type="checkbox"/> | € | 90 |
| 5 March | <input type="checkbox"/> | € | 90 |
| 6 March | <input type="checkbox"/> | € | 90 |
- > **Social program**  € 25
- > **Hotel deposit**  € 125

TOTAL AMOUNT TO BE PAID € \_\_\_\_\_

### Hotel rooms

choice*	price single / double room** per night in €
_____ <b>Bastion Hotel Schiphol Hoofddorp</b>	85,00 / 97,00
_____ <b>Bastion Hotel Amsterdam Airport</b>	95,00 / 107,00
_____ <b>Ibis Hotel Amsterdam Airport</b>	100,00 / 112,00
_____ <b>Best Western Eden Hotel</b>	134,00 / 158,00
_____ <b>Novotel Amsterdam</b>	150,00 / 180,00

\* Please indicate your first, second and third choice by using 1, 2, 3 etc.

\*\* Please cross out what does not apply

Date of arrival : March 2002

Date of departure : March 2002

If applicable, please indicate with whom you want to share your room: \_\_\_\_\_

### Payment

Payment should be made in Euros (€) by

- > international bank transfer to F van Lanschot Bankiers N.V., Rijnsburgerweg 80, 2333 AD Leiden, The Netherlands.  
Swift no. FVLBNL22, account number 26 02 65 969, att. Stichting Psychiatrie en Religie.  
Please specify on the bank transfer that bank costs, is applicable, are for your own account.
- > Euro cheque
- > credit card: AMEX, VISA or Euro/Master card (other cards cannot be accepted).

Please complete the credit card information below so that we can charge your card with the total amount fees

Card type:             VISA                     Euro/Master             AMEX

Card number: \_\_\_\_\_

Expiration date: \_\_\_\_\_ CVC-code: \_\_\_\_\_

Cardholders Name: \_\_\_\_\_

Cardholders address: \_\_\_\_\_

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

Please return this form before 1 February 2002 to:

*Leids*  
**Congres**  
*Bureau*

Leids Congres Bureau  
PO Box 16065  
2301 GB Leiden  
The Netherlands  
Fax +31 71-5128095