



**CALPHAD XXX 27th May - 1st June 2001
Hotel Booking Form**



**Please complete and return this form by 2nd of March 2001, via mail, e-mail or fax if you wish to stay at the York Viking Hotel.
Please note, there is a £10 cancellation fee per person.**

Delegate Contact Information. Please use capital letters.

First Name: _____
 Family Name: _____
 Affiliation: _____
 Postal Address: _____

 City/Town: _____
 Postal Code: _____ Country: _____
 Tel: _____ Fax: _____
 E-mail: _____
 Nationality _____

Payment Information.

The cost for single room occupancy is £61 (UK pounds Sterling) per night, for a double/twin room it is £76 per night. The cost includes breakfast.

Please indicate the type of room you require

Single _____
 Double _____
 Twin _____
 Number of nights _____
 Arrival date _____
 Departure date _____
 Total cost _____ **£**

Accompanying Persons

First Name(s): _____
 Family Name(s): _____
 Postal Address: _____

 Nationality _____

All accounts should be settled with the hotel on departure.

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| POST FORM TO: | Dr. F.H. Hayes, Materials Science Centre, University of Manchester/UMIST Grosvenor St, Manchester UK. M1 7HS | OR Fax or e-mail fax: +44-161-200-3586 e-mail: fred.hayes@umist.ac.uk |
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Please retain a copy of your completed form for your records