



EUROPEAN REGION CONFERENCE HELSINKI - TALLINN 19. - 22.10.2006  
PLEASE FAX THIS REGISTRATION FORM TO FINNISH CHEF ASSOCIATION +358 9 6155 4505

Name _____			
Association _____			
E-mail address _____			
Telephone number + _____	Fax number + _____		
Date of arrival _____	time of arrival _____	flight numer _____	from _____
Date of departure _____	time of departure _____	flight number _____	to _____
Accommodation number of nights _____	à single room 70€/night à double room 86€/night		Total _____ €
Person sharing the room _____			
Conference fee _____	à 112€/person		Total _____ €
Spouse programme _____	à 90€/person		Total _____ €
Savoy Gala Dinner _____	à 100€/person		Total _____ €
Estonia trip _____	à 120€/person		Total _____ €
<b>TOTAL to be charged from the credit card account</b>			<b>Total _____ €</b>
VISA _____	Master Card _____		
Credit card number _____			
Expiry date mm/yy ____ / ____		Card's verification number _____ ( 3 last digits on the signature panel )	
Cardholder _____		Cardholder's signature _____	
if you follow a special diet, please precise what _____ _____			

You may also pay to our account. Please remember to write your name and the name of your association in the message field.

IBAN: FI9480001270967665  
SWIFT: PSPBFIHH