

# 28<sup>th</sup> SSAI Congress

Reykjavik, Iceland, June 29<sup>th</sup> - July 3<sup>rd</sup> 2005

www.meetingiceland.com/ssai2005

## REGISTRATION FORM

### Part 1: Congress Fee and Accommodation

PLEASE WRITE IN CAPITAL LETTERS

Family name:	First name:
Organization:	
Address:	
Zip code/City:	Country:
Telephone:	Fax:
E-mail:	Name of acc. person:

A: CONGRESS FEE	Before 31.03.05	After 31.03.05	ISK
Specialist, SSAI member	45.000	55.000	
Specialist, non-member	50.000	60.000	
Non-specialists, nurses and retired doctors	35.000	40.000	
Doctors in training with an accepted abstract	25.000	30.000	
Accompanying person	5.000	5.000	
<b>Please indicate your participation in the Refresher courses on June 29th:</b>			
<i>The courses are included in the congress fee.</i>			
<input type="checkbox"/> Refresher course 1			included
<input type="checkbox"/> Refresher course 2			included
<input type="checkbox"/> Refresher course 3			included
<input type="checkbox"/> Refresher course 4			included

B: ACCOMMODATION						
<i>Please indicate your choice of accommodation, stating 1<sup>st</sup> and 2<sup>nd</sup> choice!</i>						
<i>All reservations will be handled on "first-come, first-served" basis.</i>						
	<input type="checkbox"/> Single	<input type="checkbox"/> Double		<input type="checkbox"/> Single	<input type="checkbox"/> Double	
Nordica Hotel <i>standard</i>	17.300	20.800	Hotel Plaza	15.600	19.500	
Nordica Hotel <i>deluxe</i>	21.100	25.100	Hotel Reykjavík	14.400	19.000	
Nordica Hotel <i>business</i>	28.600	33.400	Fosshotel Baron	10.300/13.800	13.900/17.900	
Nordica Hotel <i>executive</i>	32.000	37.000	Hotel Loftleiðir	12.800	16.000	
Radisson SAS Island	13.200	17.000	Hotel Cabin	9.300	11.000	
Radisson SAS Saga	15.800	19.500	Guesthouse without bath	6.200-7.900	8.100-10.100	
Grand Hotel Reykjavík	17.000	20.800	Apartments 1 bedroom	For 1-2 pers.	16.200-19.700	
Hotel Reykjavík Centrum	16.100	20.600	Apartments 2 bedrooms	For 1-4 pers.	20.100-26.900	
Hotel Borg	16.100	26.800				
<i>All prices are at a congress rate and they are per night including breakfast.</i>					ISK	
Arrival date: _____	Departure date: _____		Hotel deposit:		15.000	

Please return the two pages along with payment before March 31<sup>st</sup> 2005 to:  
 Meeting Iceland Ltd, Sudurlandsbraut 30, IS-108 Reykjavik  
 Tel.: +354-588 9700 - Fax: +354-588 9701 - E-mail: meeting@meetingiceland.com

**Part 2: Social Events, Excursions and Payment Information**

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

C: SOCIAL EVENTS		No. of pers.	Price per person	ISK
Fun Run and swimming	1 July at 06:00-08:30		-	
Midnight Golf	1 July at 18:00-01:00		4.000	
Hiking on Esja mountain	1 July at 17:30-22:30		2.800	
Reykjavik Panorama Dinner	2 July at 19:00-01:00		6.500	

D: EXCURSIONS FOR ACC. PERSONS*		No. of pers.	Price per person	ISK
Horseback Riding and the Blue Lagoon	30 June at 09-16		11.900	
Blue Lagoon Spa & Relaxation	30 June at 09-14		10.500	
Whale Watching and City Sightseeing	1 July at 08:30-15		8.700	
Super Jeep Safari	2 July at 08-13		9.900	

E: PRE- AND POST-CONGRESS TOURS*		No. of pers.	Price per person	ISK
Snæfellsnes Peninsula (dbl/sgl room)	28-29 June (2 days)		44.000 / 53.000	
Bird Watching and the Blue Lagoon	28 June at 08:00-15:30		8.900	
Golden Circle Special	3 July at 09:00-17:00		7.800	
Thórsörk Nature Reserve	3 July at 08:00-23:30		15.500	
Akureyri and Lake Mývatn (dbl/sgl room)	3-4 July (2 days)		39.700 / 43.200	

F: DAY TOURS Daily departures		Date	No. of pers.	Price per person	ISK
Reykjavík Grand Tour	09:00-12:00	/ 2005		3.100	
Horseback Riding	10:00/14:00/16:30	/ 2005		4.600	
Whale Watching	09:00/13:00/17:00	/ 2005		4.300	
Golden Circle	09:00-17:00	/ 2005		6.800	
Blue Lagoon Evening Tour	18:00-22:00	/ 2005		3.000	

\* Min. 20 persons per tour

TOTAL: A + B (deposit) + C + D + E + F =

**METHODS OF PAYMENT**

Payment has been made to Meeting Iceland's bank account in KB bank.  
 IBAN no.: IS82 0322 1330 1372 4612 0124 50/ SWIFT code: KAUPISRE

Please indicate name of participant and name of congress: "SSAI 2005" on the bank receipt.

Please charge to my credit card:

VISA Card  Eurocard/Mastercard

Card no.:

Exp. date:   /

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

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