



Accommodation and Tour Form

(One form per participant, please)

12th World AIDS
Conference Geneva
June 28–July 3 1998

Return this form to:

AKM Travel AB
Attn: AIDS 98
Rosentalstrasse 71
CH-4016 Basel
Switzerland
Phone: +41 61 690 9411
Fax: +41 61 690 9414

**no later than
April 1, 1998**

**Booking/change
fee of CHF 25
after April 1, 1998**

Family Name _____

Given Name _____

Company/Organisation *or* _____

Community Organisation _____

Media Representatives, tick here

Street and Number _____

City and Code _____

Country _____

Telephone _____ Fax _____

E-mail _____

Accompanying Person's Name _____

ACCOMMODATION

Date of arrival _____ Estimated time _____

Date of departure _____ Number of nights _____

Special requests _____

Please note: A minimum stay of 4 nights is required by all hotels

Arrival by car train airplane

REFUND POLICY

- Cancellations received in writing before April 1, 1998 will be fully refunded less CHF 50, administration fee
- After April 1, 1998 no refunds

Rates include service, taxes and breakfast

Category	Single room/night CHF Swiss francs	Double room/night CHF Swiss francs
A	310–355 <input type="checkbox"/>	380–435 <input type="checkbox"/>
B	270–310 <input type="checkbox"/>	320–370 <input type="checkbox"/>
C	220–260 <input type="checkbox"/>	260–310 <input type="checkbox"/>
D	170–210 <input type="checkbox"/>	200–250 <input type="checkbox"/>
E	120–160 <input type="checkbox"/>	140–190 <input type="checkbox"/>
F (Limited)	80–110 <input type="checkbox"/>	80–130 <input type="checkbox"/>

Reservations will be confirmed only upon receipt of your hotel deposit

In case the category I have chosen is fully booked, please book me in the next available higher lower category

DEPOSIT

CHF 400

Transfer of Subtotal CHF _____

TOURS

		No. of persons	Price per person	CHF Swiss francs
Sightseeing Tour *				
Monday June 29	11.00-13.00	_____	30	_____
Tuesday June 30	09.00-11.00	_____	30	_____
Lake Cruise *				
Monday June 29	15.00-17.00	_____	35	_____
Tuesday June 30	15.00-17.00	_____	35	_____
Castle of Chillon *				
Wednesday July 1	09.00-13.30	_____	78	_____
Thursday July 2	09.00-13.30	_____	78	_____
Convent of St. Maurice *				
Wednesday July 1	09.00-18.00	_____	100	_____
Castle of Dardagny and Wine-Tasting *				
Thursday July 2	14.00-17.00	_____	50	_____
Chamonix-Mont Blanc *				
Thursday July 2	09.00-17.00	_____	95	_____
Post Conference Tour *				
Saturday July 4 – Monday July 6		_____	810	_____
Single supplement		_____	50	_____

* Vat 6.5% is included Grand Total CHF _____

Please include a copy of the banker's draft made out to AKM Travel, or a copy of your bank transfer to Union Bank of Switzerland, account No. 595.400.02H WAC or provide a credit card that we can debit. Your name and AIDS 98 should accompany all payments.
Please indicate below which of the following means of payment you have used for accommodation and tours.

Make sure to indicate AKM, AIDS 98 and your name on all money transfers.

- Banker's Draft
- Bank Transfer (free of charge for recipient) to Union Bank of Switzerland 595.400.02H WAC
- Visa
 American Express
 Eurocard/Mastercard
 Diners Club

Credit Card No _____

Expiry date

M	M	Y	Y

 Card Holder's name _____

Date

D	D	M	M	Y	Y

 Card Holder's signature _____

We regret we are unable to accept personal or company cheques