

Registration Form

SAE 2005 Conference

Challenges in Statistics Production for Domains and Small Areas

28 - 31 August 2005, University of Jyväskylä, Finland

DELEGATE (please type or use capital letters)

Family name	male <input type="checkbox"/>	female <input type="checkbox"/>
First name	Title	
Organisation/Institution/Company		
Mailing address		
Postal code, town and country		
Tel.	Fax	
E-mail		

PARTICIPATION DETAILS (please tick the appropriate boxes)

CONFERENCE FEES (VAT 0 %)	By 31 May	From 1 June
The Conference Fees include material, refreshments, reception and dinner		
- Regular Participant	<input type="checkbox"/> EUR 200	<input type="checkbox"/> EUR 250
- Student (full-time students only)	<input type="checkbox"/> EUR 50	<input type="checkbox"/> EUR 50
Total fees in EUR incl. registration		_____
Short Course on Small Area Estimation, 28 August 2005 (please check the box if you intend to participate in the course)		<input type="checkbox"/>

SOCIAL PROGRAMME (please indicate number of persons)

Social programme is included in the Conference Fees. Details will be given on the web and in the final programme. Advance registration is requested to all social programmes.	
- Welcoming Reception hosted by the City of Jyväskylä Monday, 29 August 2005	<input type="checkbox"/>
- Conference Dinner, in the Varjola Farm Restaurant Tuesday 30 August 2005	<input type="checkbox"/>

Remarks to the organisers (diets, arrival, etc.):

Please return the registration form **by 31 July 2005** to
 Jyväskylä Congresses, Travel Agency Jyväskylään Ltd.
 P.O. Box 212, FIN-40101 Jyväskylä, FINLAND
 fax +358 14 339 8159

Date: _____ Signature: _____

Terms of cancellation: For written cancellations received before 30 June 2005 full refund will be paid. For written cancellations received between 1 July and 31 July 2005 the cancellation fee is EUR 80. After 31 July no refund will be paid.

PAYMENT METHOD

All payments should be made in Euros payable to the "SAE 2005 Conference", c/o Jyväskylä Congresses. Please indicate which means of payment you wish to use.

Send me an invoice (extra charge 7 EUR).

Bank Account SWIFT OKOYFIHH, Oka-Bank/HKI, Finland, account nr. 529002-295655, IBAN code FI7852900220095655, account holder Jyväskylä Congresses. Quote SAE 2005 Conference and name of the participant on the transfer. Please enclose receipt to your registration form.

Banker's draft (please add EUR 15 for handling costs). Personal, company or EURO-cheques not acceptable.

Visa **MasterCard** **Eurocard**

Card number: _____

CVC or CVV code
(3 last digits on the back of the card): _____

Date of expiry: _____

Card holder's home address (if other than above): _____

ACCOMMODATION (please indicate preference)

Sokos Hotel	<input type="checkbox"/>	sgl	EUR 94/night
Alexandra, economy	<input type="checkbox"/>	dbl	EUR 56,50 /person/night
Sokos Hotel	<input type="checkbox"/>	sgl	EUR 107/night
Alexandra, standard	<input type="checkbox"/>	dbl	EUR 63,50 /person/night
FinlandiaHotel Alba	<input type="checkbox"/>	sgl	EUR 77/night
	<input type="checkbox"/>	dbl	EUR 48/person/night

Arrival date _____ Departure date _____

Share room with: _____

Special wishes concerning accommodation: _____

Hotel reservations will be made on a first-come first-served basis. Reservations will be confirmed by the Secretariat. **Any changes or cancellations in room reservations should be made to the Secretariat. Please note, that your hotel reservation is confirmed only after payment of fees. For confirmation the hotels also require your credit card number.** In cases of no-show the first night will be charged to the credit card. Accommodation is to be paid directly to the hotel.