



**12th EUROPEAN WORKSHOP ON  
METALORGANIC VAPOUR PHASE EPITAXY  
JUNE 3 - 6, 2007  
BRATISLAVA, SLOVAKIA**

## **EW – MOVPE 2007**

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### **HOTEL REGISTRATION FORM**

*PLEASE DOWNLOAD THIS FORM AND FAX TO SELECTED HOTEL **before May 11th, 2007***

Name of Hotel \_\_\_\_\_ Hotel Contact \_\_\_\_\_

Full Name of MOVPE Participant \_\_\_\_\_

Institution/ Affiliation \_\_\_\_\_

Address (Professional) \_\_\_\_\_

City \_\_\_\_\_ Country \_\_\_\_\_

Phone Number \_\_\_\_\_ Fax Number \_\_\_\_\_

e-mail \_\_\_\_\_

Arrival Date \_\_\_\_\_ Departure Date \_\_\_\_\_

Arrival Time  Before 6 p.m.  After 6 p.m.

Room  Single  Double

### **Payment**

Payment should be made directly at the hotel at the time of departure. To complete your hotel reservation a guarantee is required (payment of one night)

### **Credit card**

Card type  VISA  AE  MASTERCARD/EUROCARD  OTHER\*  
\*Type \_\_\_\_\_

Card Number \_\_\_\_\_ Expiry Date \_\_\_\_\_

Name Card Holder \_\_\_\_\_

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