



Second International Conference on
Computational Intelligence in Medicine and Healthcare
The BIOPATTERN Conference
29th June - 1st July 2005
Costa da Caparica, Lisbon, Portugal



ACCOMODATION FORM

Please return by Fax to +351 210 944 429 (Hotel Costa da Caparica)

Phone: +351 21 291 89 00

CIMED 2005 registration number: _____

Last Name: _____ First Name: _____

Country: _____ Email: _____

Phone: _____ Fax: _____

Hotel:

	Ocean View	Mountain View	Total
Single <i>In:</i> <i>Out:</i>	76 € x ____	61.5 € x ____	= ____ €
Double <i>In:</i> <i>Out:</i>	88 € x ____	72 € x ____	= ____ €
Suite 1 person <i>In:</i> <i>Out:</i>	152.5 € x ____		= ____ €
Suite 2 person <i>In:</i> <i>Out:</i>	172.5 € x ____		= ____ €
Suite 3 person <i>In:</i> <i>Out:</i>	192.5 € x ____		= ____ €

Total Amount = ____ €

Remarks:

Payment Details:

Card n°: _____ Exp. date (mm-yy): _____ - _____

Date: _____ Signature: _____