

CONFERENCE BOOKING FORM

**ECAD 12th Mayors' Conference in Oslo, Norway
26 - 27 May 2005**

Venue: Hotel Bristol, Kristian IV's gt.7, Oslo

Name _____

Title/position _____

Organisation _____

Address _____

Phone _____

Fax _____

e-mail _____

Arrival date _____ flight _____

Departure date _____ flight _____

| | | YES | NO |
|----------------------|--|------------|-----------|
| Social events | Welcome reception 25 May | _____ | _____ |
| | Official dinner – City Hall 26 May | _____ | _____ |
| | Social evening 27 May | _____ | _____ |
| | Study visit/Excursion 28 May (program enclosed) group A | _____ | _____ |
| | Study visit/Excursion 28 May (program enclosed) group B | _____ | _____ |

Russian interpretation _____

Please fax this form to City of Oslo, Department of Welfare and Social Affairs to book your participation to the conference **FAX +47 23 46 14 36** no later than **20 April 2005**.