

SECOND INTERNATIONAL DRUG HYPERSENSITIVITY CONFERENCE

18TH – 21ST APRIL 2006



ACCOMMODATION BOOKING FORM (www.visitliverpool.com to view hotel of your choice)

DELEGATE DETAILS (Please give details of every person in your party):

Title	Initial(s)	Surname	Room Type	No of Persons	Arrival Date	Departure Date

HOTEL CHOICE

1st Choice: _____
2nd Choice: _____

NAME AND ADDRESS TO WHOM CONFIRMATION SHOULD BE SENT

DAYTIME TEL No _____
FAX No _____
E-mail: _____

SPECIAL REQUESTS: _____
(these will be passed onto your accommodation provider on your behalf)

Payment details

Please note these details are to secure accommodation only - no payments will be taken either by The Mersey Partnership or your accommodation provider. You will be asked for payment when you check into your hotel. Unless your organisation has an account, Hotels cannot invoice guests after their stay.

CREDIT/DEBIT CARD TYPE: (e.g. Visa, Mastercard,):

CARD NUMBER (16-digit number):

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EXPIRY DATE (mmyy):

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Return the form to the Conference Bureau at The Mersey Partnership (TMP):
By email (conferences@merseyside.org.uk) ; By fax (0044 (0)151 227 2621)

By post to the address below:

**The Mersey Partnership Conference Bureau,
12 Princes Parade,
Liverpool. L3 1BG
Tel: +44 (0) 845 6011125**