

REGISTRATION FORM

No. _____

Please type or print your name as you wish it to appear on badge

**THE SECOND
INTERNATIONAL
CONFERENCE
ON MARS POLAR
SCIENCE AND
EXPLORATION
AUGUST 21-25, 2000
REYKJAVIK, ICELAND**

Family Name
First Name.....
Department.....
Institute.....
Address.(please incl. Postal Code).....
..... Country.....
Telephone..... Fax.....
E-mail.....
Acc. Person(s) Name.....

Please return this form
and payment to:

ICELAND TRAVEL
Conference dept.
Lágmúli 4
P.O. Box 8650
IS-128 Reykjavík
ICELAND
Phone + 354 585 4300
Fax + 354 585 4490,
congrex@icelandtravel.is &
asah@icelandtravel.is

REGISTRATION	Price/Person USD	please mark	Code
CONFERENCE FEE:			
Before May 21, 2000	300,-	1 <input type="checkbox"/>	001
After May 21, 2000	375,-	1 <input type="checkbox"/>	002

Included:
Admission to the Conference, documentation, coffee during breaks, Get together on August 20, and Reception on August 24.

Accompanying person(s)	Price/Person USD	please mark	Code
Before & after May 21, 2000	90,-	<input type="checkbox"/>	020

Included:
Get together on August 20, Reception on August 24, and city sightseeing trip for accompanying persons.

Please mark attendance

SOCIAL PROGRAMME	Date	Price/Pers. USD	No. of Persons	Code
Get together	August 20	incl.	_____	040
Conference Dinner	August 24	88.-	_____	050

No refunds will be made
After July 21, 2000

Please mark attendance

OPTIONAL FIELD TRIPS - see description in 2 nd announcement brochure	Date	Price/Pers. USD	No. of Persons	Code
1) Thingvellir, Gullfoss and Geysir	August 23	75.-	_____	060
2) Day tour to Westman Islands	August 26	160.-	_____	070
3) Three Day Tour in the South of Iceland, August 26-28		515.-	_____	080

Please note- limited number of seats

A) Subtotal registration USD _____

ACCOMMODATION

Arrival _____ / _____ 2000 Departure _____ / _____ 2000

No rooms can be
confirmed until
ICELAND TRAVEL
has received your
hotel deposit

Code HOTEL	Single room USD per night	X	Double room USD per night	X	Required Deposit
128 Cabin Hotel	107.-	<input type="checkbox"/>	126.-	<input type="checkbox"/>	107.-
014 Hótel Garður*	84.-	<input type="checkbox"/>	98.-	<input type="checkbox"/>	84.-
052 Youth Hostel at Laugardalur*	40.- pr. bed	<input type="checkbox"/>			40.-
Guesthouse rooms *	64.-/91.-	<input type="checkbox"/>	95.-/122.-	<input type="checkbox"/>	64.-
Private accommodation*	53.-	<input type="checkbox"/>	75.-	<input type="checkbox"/>	53.-

* rooms without private facilities

Breakfast and taxes
are included in the
accommodation prices

I would like to share room with: _____

I do not require a hotel; my booking is made by _____ at hotel _____

B) Subtotal Hotel deposit USD _____

AVAILABLE EXCURSIONS OUT OF REYKJAVIK

Date	Time		Price per person	No of persons	USD	Code
___/___	07:00	South by Air - Westman Islands 10hrs	_____	_____	138.-	510
___/___	07:30	Akureyri - Lake Mývatn 12hrs	_____	_____	219.-	512
___/___	08:45	The Golden Circle 8hrs	_____	_____	69.-	516
___/___	09:00	South Shore Adventure 10 hrs	_____	_____	90.-	518
___/___	09:45	Reykjanes - The Blue Lagoon 6hrs	_____	_____	57.-	520
___/___	09:45/12:00	City Sightseeing 2hrs	_____	_____	28.-	522/524
___/___	10:00/14:00	Pony Trekking 3hrs	_____	_____	44.-	530/532

ICELAND TRAVEL also offers a variety of longer tours. Do not hesitate to ask for information

Please send me Information on longer tours _____ 140

C) Subtotal Excursions **USD** _____

GRAND TOTAL A+B+C **USD** _____

GRAND TOTAL PAYMENT

Bank fees must be included

All payment should be made out in USD (US Dollars) and made out to ICELAND TRAVEL, attn.: MARS 2000. The Conference name as well as yours must accompany the payment. Please indicate which of the following means of payment you have used.

Payment for registration fee and hotel deposit is required in advance. Please note that the accommodation is to be paid in full to ICELAND TRAVEL, and is appreciated in advance

METHODS OF PAYMENT:

For Bank Transfer, please note the following information:

Make sure to indicate ICELAND TRAVEL Attn.: MARS 2000 and your name on all money transfers

Bank: The Agricultural Bank of Iceland (Bunadarbanki Islands)
 Bank no.: 0318
 Account no: 26-006702
 Id. no.: 590670-0149

Banker's Draft VISA Card EuroCard/MasterCard Bank Transfer

By signing this form I declare that I have read the cancellation policies

Cardholders name, please print: _____

I hereby authorise the payment of USD : _____

Credit Card No: _____

With expiry date: _____

Date: _____ **Signature:** _____

LOOKING FORWARD TO SEE YOU IN ICELAND