## ACCOMMODATION RESERVATION FORM

## ACCOMMODATION SHOULD BE RESERVED BEFORE 30th JUNE 2004

## **ECS2004**

This form must be completed in capitals, and either printed and faxed to Homerton College 0044 (0)1223 507120, or sent as an e-mail attachment to the Conference Officer jw258@cam.ac.uk and Finance Office email prd28@cam.ac.uk or sent by post to Conference Office, Colophon Ltd, Homerton College, Hills Road, Cambridge, CB2 2PH

Please provide the following information:

Use only one form	n per pe	rson		
Name of deleg	ate			
Town/City				
Fax:				
Tariff: £86.83 per All rooms are sing		er person. ite, price includes all tax	es and breakfast.	
Nights required	d, plea	se tick box		
Wed 28 <sup>th</sup> July				
Thu 29 <sup>th</sup> July				
Fri 30 <sup>th</sup> July				
Sat 31 <sup>st</sup> July		Total nights:	Total cost:	
□By Credit/D Card no Expiry	- Payal ebit C umber date	ole to Colophon Ltd ard - No Diners Club holder		
*Signature			Date	