



Safe Injection Global Network Annual Meeting

13-15 October 2008, Moscow, Russian Federation



EXCURSIONS RESERVATION FORM

Please fill in this form in block letters and return to **Academservice** before **12 October 2008**
by e-mail roxana@acase.ru or by fax +7 (495) 662-43-52

ALL EXCURSIONS START AND FINISH AT BORODINO HOTEL.

1. PERSONAL INFORMATION (please fill in)	
Family name _____ First name _____ Phone (incl. country and area) _____ Fax _____ E-mail _____	Family name _____ First name _____ Phone (incl. country and area) _____ Fax _____ E-mail _____

2. PROGRAMME (please circle the chosen excursions and indicate the number of people)				
Date	Time	Excursions	Price per person in RUR (incl VAT 18%)	Number of people
Tuesday 14 October	18.30-22.30	Moscow city tour	750	
Thursday, 16 October	9:00-13:00	Moscow famous cathedrals and monasteries, Souvenir Shopping*	2100	
	14.00-18.00	The State Tretyakov Gallery*	1700	
Friday 17 October	09:00-13:00	Moscow Kremlin with Cathedrals and Armoury Chamber*	2100	
	14:00-18:00	Pushkin Fine Arts Museum*	1700	

*PRICE INCLUDE: coach and English-speaking guide, entrance fees.

4. TERMS OF CANCELLATION

Cancellation policy: cancellation can be made without penalties no later than 12 October 2008.
Cancellation made after 12 October 2008 or No Show is subject to cancellation fee equal to 100% cost for the ordered excursions.

5. TERMS OF PAYMENT:

Prices are given per person in Russian Roubles (RUR) including VAT 18%.
100% Prepayment for the ordered excursions is required at the moment of booking
Payment can be made by Credit Card (VISA/MASTERCARD/EUROCARD/DINERS CLUB/JCB) in RUR or by Bank transfer in RUR, USD or EUR

Final confirmation and excursion vouchers will be provided by Academservice upon 100% prepayment

Please mark with a cross how you wish to settle the payment

BY CREDIT CARD
Please debit my VISA/MASTERCARD/EUROCARD/DINERS CLUB/JCB (circle where applicable)
(AMERICAN EXPRESS and VISA ELECTRON are not accepted)

Number																			
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CVV

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Expiry date _____

Name and normal billing address of card holder

**CREDIT CARD WILL BE CHARGED ONLY IN RUSSIAN ROUBLES.
A photocopy of both sides of the credit card must be attached.**

I confirm that I am acquainted with cancellation policy (No Show) and agree with it.

Cardholder's signature _____ Date _____ Total RUR _____

BY BANK TRANSFER (bank fees at participant's charge)

Please mark with cross a currency you wish to settle the payment

RUR

USD

EUR

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Academservice, tel.7(495)660-90-90, ext 1207; Fax:7(495)662-43-52; e-mail:roxana@acase.ru

Address: 28a Shipilovskaya Str., 115563, Moscow, Russia

PLEASE KEEP A COPY FOR YOUR RECORDS