



International Federation of Associations
of Pharmaceutical Physicians
————— *founded 1975* —————

10TH EUROPEAN IFAPP CONFERENCE

London, Friday, 30 January 2009

Quality Issues in Clinical Research

In collaboration with the
British Association of Pharmaceutical Physicians (BrAPP)
and with the
British Association of the Research Quality Assurance (BARQA)

HOTEL RESERVATION FORM

Please complete and send this form by return to IFAPP Secretariat

Fax No. +31 (0)348 489301

- Mr. Mrs.
 Dr. Prof.

First name Last Name

Institution/Company

Position

Address

Postal code Town

Country

Phone Fax ..

E-mail address

**Please reserve my accommodation as follows:
Hotel preference**

- | | |
|---|--|
| <input type="checkbox"/> Marriott Hotel West India Quay
22, Hertsmere road
E14 4ED London
Phone +44 20 7093 1000
Fax +44 20 7093 1001
Rate per night: GBP 149.00/EUR 189.00
excl. 17.5% VAT and incl. breakfast | <input type="checkbox"/> Hilton London Docklands
265, Rotherhithe Street
SE16 1EJ London
Phone +44 20 7231 1001
Fax +44 20 7231 0599
Rate per night: GBP 135.00/EUR 171.00
excl. 17.5% VAT and breakfast |
| <input type="checkbox"/> The Britannia International Hotel
163 Marsh Wall
E14 9SJ London
Phone +44 20 7712 0100
Fax +44 20 7712 0111
Rate per night: GBP 160.85/EUR 204.00
excl. 17.5% VAT and breakfast | <input type="checkbox"/> Crowne Plaza London Docklands
Royal Victoria Dock, Western Gateway
E16 1AL London
Phone +44 870 990 9692
Fax +44 870 990 9693
Rate per night: GBP 179.00/EUR 227.00
excl. 17.5% VAT and breakfast |
| <input type="checkbox"/> Hotel Ibis London Docklands
1, Baffin Way, off Preston Road
E14 9PE London
Phone +44 20 7517 1100
Fax +44 20 7987 5916
Rate per night: GBP 110.00/EUR 135.00
excl. 17.5% VAT and breakfast | |

The above mentioned rates are on request and upon availability. Reservations will be made through Preferred Hotel Reservations. Early requests can probably be offered at lower rates. More information: phone +31 (0)299 656 527, fax +31 (0)299 655 494 or e-mail: laura@preferredhotelreservations.nl.

Special requests:

Arrival date:..... Departure date:.....Number of overnight stays:

- Smoking Non smoking
 Single occupancy Double occupancy

My hotel reservation is guaranteed with my credit card:

- VISA AMERICAN EXPRESS EUROCARD/MASTERCARD DINERS CLUB

Card number Expiry date.....

CVV2 number (see backside of the credit card, last 3 digits in signature file):

SignatureDate

**YOUR CREDITCARD WILL ONLY BE CHARGED IN CASE OF LATE CANCELLATION OR NO SHOW.
PAYMENT UPON DEPARTURE.**

You will receive the written confirmation by fax within 24 hours.