

BOOKING FORM

7TH EUROPEAN CONFERENCE NCF INTERNATIONAL

August 22 - 26, 2006 in Ede, The Netherlands

Please use CLEAR WRITING and tick appropriate boxes!

PERSONAL DETAILS

First name:

Family Name:

Address:

Postcode/City:

Country:

Phone:

Fax:

E-mail:

Female Male

Age: 18-28 29-39 40-50 over 50

PROFESSIONAL DETAILS

Nurse Midwife Missionary

Student Qualified Retired

NCF Staff Other

Workplace:

Key area of professional interest:

BOOKING FEE (accommodation + conference)

Indicate first choice (1) and second choice (2)!

Single room: € 599 per person

Double room: € 499 per person

Bunker room (6 beds): € 399 per person

Week without stay overnight: € 299 per person

Day visit: € 99

After June 1st, 2006, € 100 is added to all booking fees.

If you wish to share a room with a friend, please supply her or his name:

.....

Arrival date: Departure date:

I intend to join the professional visits on Tuesday, August 22.

PAYMENT: BEFORE JUNE 1ST, 2006!

Direct payment to 'Stichting Prof.dr. G.A. Lindeboom Instituut', Postbus 224, 6710 BE Ede, The Netherlands, Postbank account number 38.05.745.

By cheque to same account

By Credit card

Type of card:

Name of cardholder:

Card number:

Expire date:

Signature confirming payment of € by one of the ways indicated above:

Date:

Signature:

OTHER

What is your first language?

What other languages do you speak?

Dietary needs, allergies or disabilities:

.....

Who to contact in case of emergency?

Name:

Address:

Phone:

Please return this booking form as soon as possible (before June 1st, 2006) to conference-coordinator:

Bart Cusveller
Prof.dr. G.A. Lindeboom Institute
P.O. Box 224, 6710 BE Ede
The Netherlands
Or: bcusveller@che.nl