

This form should be returned together with your payment to the Congress organisers before 15 March 2006

MediaCompany Berlin GmbH, Reichenberger Straße 113a, D - 10999 Berlin

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For safe transmission we warmly recommend the **online registration:**

[www.pen-congress2006.de](http://www.pen-congress2006.de)

(payment by credit card only)

72<sup>ND</sup> INTERNATIONAL PEN - CONGRESS  
IN BERLIN, 22 - 28 MAY 2006

**REGISTRATION FORM**

Please read the "Registration Information" carefully and then complete this form using CAPITAL LETTERS

Official guest       Official delegate       Participant       Mr       Ms

Family name \_\_\_\_\_ First name \_\_\_\_\_

PEN Centre / Organisation \_\_\_\_\_ Position \_\_\_\_\_

Home Address \_\_\_\_\_

Office phone \_\_\_\_\_ Home phone \_\_\_\_\_ Fax \_\_\_\_\_ E-mail \_\_\_\_\_

The information below is required for events with state officials:

Nationality \_\_\_\_\_ Date of birth \_\_\_\_\_ Place of birth \_\_\_\_\_

Date of arrival \_\_\_\_\_ Date of departure \_\_\_\_\_

Passport number \_\_\_\_\_ Date of issue \_\_\_\_\_ Place of issue \_\_\_\_\_ Expiry date \_\_\_\_\_

**ACCOMPANYING PERSON**

Family name \_\_\_\_\_ First name \_\_\_\_\_  Mr       Ms

Home Address \_\_\_\_\_

Nationality \_\_\_\_\_ Date of birth \_\_\_\_\_ Place of birth \_\_\_\_\_

Passport number \_\_\_\_\_ Date of issue \_\_\_\_\_ Place of issue \_\_\_\_\_ Expiry date \_\_\_\_\_

**VISA**

If you need a visa to enter Germany, please tick here.

Please note: The purpose of this form is only to inform PEN Germany and not for official visa application! Please contact the German Embassy for your official visa application. If needed, PEN Germany will send a confirmation of your congress registration.

**REGISTRATION FEE**

Official delegate (EUR 230)       Participant (EUR 230)       Accompanying person (EUR 230)

No. of Registrations: \_\_\_\_\_

**Total cost REGISTRATION: EUR** \_\_\_\_\_

## ACCOMMODATION

If you are connected to the internet, please use the safe online registration form:

[www.pen-congress2006.de](http://www.pen-congress2006.de)

Please repeat name

No thanks, I will take care of the booking myself.

Family name \_\_\_\_\_

First name \_\_\_\_\_

Date & time of arrival \_\_\_\_\_

Date & time of departure \_\_\_\_\_

Special information on allergy, diets, smoker / non-smoker, etc. \_\_\_\_\_

Official guest: Please make a choice of room and of extra nights if necessary.

Hotel		Single room	Double room shared with accompanying person	Number of nights / extra nights	Total cost accommodation (double room and extra nights)
Hilton Hotel (Congress venue)		<input type="radio"/> EUR 0 (3 nights paid by host center)	<input type="radio"/> EUR 20 per night	_____	_____
Extra nights from: _____ till: _____		<input type="radio"/> EUR 179 per night	<input type="radio"/> EUR 199 per night	_____	_____
<b>Total cost</b>					_____

Official delegate: Please make a choice of room and of extra nights if necessary.

Hotel	Shared room shared with another delegate*)	Single room	Double room shared with accompanying person	Number of nights / extra nights	Total cost accommodation (double room and extra nights)
Hilton Hotel (Congress venue)	<input type="radio"/> EUR 0 (7 nights paid by host center)	<input type="radio"/> EUR 79,50 per night	<input type="radio"/> EUR 99,50 per night )	_____	_____
Extra nights from: _____ till: _____		<input type="radio"/> EUR 179 per night	<input type="radio"/> EUR 199 per night	_____	_____
*) Shared room: I would like to share with Name _____ from PEN Centre _____					<b>Total cost</b> _____

Participants and accompanying persons (if not yet included above): Please make a choice of hotel/room and number of nights.

Hotel	Shared room shared with another participant*)	Single room	Double room shared with accompanying person	Number of nights	Total cost accommodation
Hilton Hotel (Congress venue)	<input type="radio"/> EUR 99,50 per night	<input type="radio"/> EUR 179 per night	<input type="radio"/> EUR 199 per night	_____	_____
nh Hotel	<input type="radio"/> EUR 69 p.n. <input type="radio"/> EUR 74 p.n.	<input type="radio"/> EUR 122 p.n. <input type="radio"/> EUR 132 p.n.	<input type="radio"/> EUR 138 p.n. <input type="radio"/> EUR 148 p.n.	_____	_____
VCH Hotel D.-Bonhoeffer-Haus	<input type="radio"/> EUR 55 per night	<input type="radio"/> EUR 75 p.n. <input type="radio"/> EUR 85 p.n.	<input type="radio"/> EUR 110 per night	_____	_____
Hotel Pension Delta	<input type="radio"/> EUR 45.50 per night	<input type="radio"/> EUR 65 per night	<input type="radio"/> EUR 91 per night	_____	_____
Hotel Märkischer Hof		<input type="radio"/> EUR 60 per night		_____	_____
*) Shared room: I would like to share with Name _____ from PEN Centre _____					<b>Total cost</b> _____

In the event that your hotel choice is fully booked, MediaCompany Berlin GmbH reserves the right to provide accommodation at another hotel and will reimburse you for any overpayment.

Please repeat name

Family name

First name

**Registration for paid excursions and the post-congress tours (please choose):**

**PAID EXCURSIONS**

	Price per person	Number of persons	Total cost
<input type="radio"/> Tour 1: Tuesday, 23 May: Boat trip on Spree River and Landwehrkanal	EUR 10	_____	_____
<input type="radio"/> Tour 2: Wednesday, 24 May: Potsdam	EUR 10	_____	_____

**POST-CONGRESS TOURS (tick only one)**

	Price per person	Number of persons	Total cost
<input type="radio"/> Tour 3: 28 - 30 May: Dresden	EUR 326	_____	_____
<input type="radio"/> Tour 4: 28 - 30 May: Weimar	EUR 258	_____	_____
<input type="radio"/> Single-room supplement (2 nights)	EUR 51	_____	_____

**Total amount of payment**

**EUR**

- A minimum of 20 participants each is needed for the excursions and the post-congress tours to take place. The maximum of participants in the post-congress tours is about 50.
- In the event that the trip is cancelled, any payments made to MediaCompany Berlin GmbH for the tour will be reimbursed in full.

**METHOD OF PAYMENT**

Registration fee EUR \_\_\_\_\_

Accommodation costs EUR \_\_\_\_\_

Paid excursions and post-congress tour EUR \_\_\_\_\_

**Total amount EUR** \_\_\_\_\_

**Payment by credit card**

**Please indicate form of payment (tick one)**

Credit card:  Visa  Master Card/Eurocard  American Express

Card No. \_\_\_\_\_

Expiry Date \_\_\_\_\_

Control No. \_\_\_\_\_

(last 3 numbers on the reverse side  
by the signature)

Cardholder's name \_\_\_\_\_

Signature \_\_\_\_\_

**Total amount to be charged: EUR** \_\_\_\_\_

**Bank transfer MediaCompany Berlin GmbH**

In favor of: MediaCompany Berlin GmbH, Reichenberger Str. 113a, 10999 Berlin

Bank address: Berliner Volksbank, SWIFT Code: BEVODEBB, IBAN: DE02 1009 0000 7062 9380 18

Beneficiary: PEN + name of participant (please attach copy of the remittance)

NB: All bank charges must be borne by the transferee and may not be deducted from the amount remitted.

**Total amount to be transferred: EUR** \_\_\_\_\_

**The undersigned accepts the conditions as set out in the "Registration information" and "General information".**

Date \_\_\_\_\_

Signature \_\_\_\_\_

**Please fill in this form and post or fax it together with your payment before 15 March 2006 to:**

**MediaCompany Berlin GmbH, Reichenberger Str. 113a, D-10999 Berlin, Germany**

**Tel.: +49 (0)30 28 88 45 318, Fax: +49 (0)30 28 88 45 310, E-Mail: pen@mediacompany-berlin.de,**

**http://www.pen-congress2006.de**

Please note: All delegates and participants who are not paying by credit card must send a copy of their bank transfer form to MediaCompany Berlin GmbH.