BOOKINGS

Please complete the conference booking form and hotel booking form below as required and send them by fax (preferably) or postal mail to:

BWO Marketing Service GmbH - ZUM'98

Mohrenstrasse 63-64 , D-10117 Berlin , Germany

Fax: +49+30-22668464 , Email: *drooff@ibm.net* (c/o Stephan Drooff)

For the early registration fee and guaranteed hotel room bookings, your booking should arrive by **10th AUGUST 1998**. You will receive an acknowledgment for the hotel booking; receipts will be handed out at registration. For all those paying by credit card, the fee for early conference booking will be charged at the end of August, and for the hotel after the conference. In the case of cancellation less than 5 working days before arrival, cancellation fees may have to be paid.

Late booking for the conference and for hotels can be made by email and payment made at registration (using a Mastercard/Visa credit card or in German Marks (DM) cash). Hotel booking after 10th August cannot be guaranteed, but we will probably find accommodation for you.

NOTE: FOR SECURITY DO NOT EMAIL CREDIT CARD DETAILS. Only send credit card details by fax or postal mail.

Those who would like to pay by cheque send the cheques (noting the usual restrictions on amount) with the booking forms. There is no fee for using EuroCheques, but we have to charge a fee of 25 DM for processing foreign cheques (please add this fee to the amount). If you require an invoice for your booking, there is an administration charge (see the conference booking form).

Important: please send different cheques for conference booking and for hotel booking. For the conference booking, make the cheque payable in German Marks (DM) to "**BWO Marketing Service GmbH**". For the hotel booking, make the cheque payable in German Marks (DM) to "**DER**" (Deutsches Reisebüro). Include a deposit of 200 DM for the hotel booking. You will receive an acknowledgment for the actual reservation - according to availability and your first and second hotel choice - and have to pay the remaining balance by 10th AUGUST 1998.

HOTEL BOOKING FORM:

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_____
|      ZUM'98 Hotel Booking Form, 11th International Conference of Z Users |
|                  Berlin, Germany, 24-26 September 1998                   |
|                                                                         |
|Surname ...................  First name ...................  Title .......|
|                                                                         |
|Organization .............................................................|
|                                                                         |
|Address ..................................................................|
|                                                                         |
|..........................................................................|
|                                                                         |
|Postcode ..................  Country .....................................|
|                                                                         |
|Telephone ...............  Fax ...............  Email ...................|
|-------------------------------------------------------------------------|
|                         A               B               C               |
|Hotel first choice:     |__|            |__|            |__|             |
|                                                                         |
|Hotel second choice:    |__|            |__|            |__|             |
|                                                                         |
|                        Single         Double                           |
|Room                    |__|           |__|    with: ...................|
|                                                                         |
|Arrival date ......................  Departure date .....................|
|                                                                         |
|Arrival later than 6pm .............  Number of nights ..................|
|                                                                         |
|Further comments .........................................................|
|                                                                         |
|..........................................................................|
|_____|
|Payment      Euro-/Mastercard          Visa                  Diners      |
|                  |__|                  |__|                  |__|        |
|                                                                         |
|Card Number ......../......../......../....... Expiry Date ...............|
|                                                                         |
|Holder ...................................................................|
|                                                                         |
|Signature ...................................  Date .....................|
|                                                                         |
|Comment (other payment method) ...........................................|
|                                                                         |
|..........................................................................|
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CONFERENCE BOOKING FORM:

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|  ZUM'98 Conference Booking Form, 11th International Conference of Z Users |
|                 Berlin, Germany, 24-26 September 1998                    |
|                                                                         |
|Surname ................... First name ................... Title .......|
|                                                                         |
|Organization ..........................................................|
|                                                                         |
|Address ...............................................................|
|                                                                         |
|.......................................................................|
|                                                                         |
|Postcode .................. Country ...................................|
|                                                                         |
|Telephone ............... Fax ............... Email ..................|
|                                                                         |
|Arrival Date ..................... Departure Date ....................|
|                                                                         |
|Please indicate any dietary or other requirements:                     |
|                                                                         |
|Vegetarian? ................. Other ..................................|
|_____|
|Main conference, Thursday - Saturday am, 24-26 September, including     |     |
|lunch on Thursday/Friday, refreshments, conference dinner on Thursday  |     |
|and proceedings.  PAYMENT received before 10 AUGUST 1998    520 DM     |     |
|                                     after 10 AUGUST 1998   600 DM     |     |
|_____|_____|
|Tutorials (including lunch and refreshments):                          |     |
|Wednesday 23 September                                      200 DM     |     |
|                                          ____              ____       |     |
|Please tick tutorial required:   Tutorial A |__|   Tutorial B |__|     |     |
|_____|_____|
|Education Session (Saturday pm, 26 September):                          |     |
|(including lunch and refreshments)                         75 DM       |     |
|_____|_____|
|Extras (subject to availability):                                      |     |
|Extra ticket for conference dinner (Thursday night)        120 DM     |     |
|Optional guided tour excursion (Friday night)               10 DM     |     |
|Invoice request                                             30 DM     |     |
|_____|_____|
|Discounts: (Please note, only one discount allowed)                    |     |
|BCS FACS members                                           -30 DM     |     |
|Authors (one per published paper)                          -100 DM    |     |
|_____|_____|
|Total amount due (in German DM):                    | DM              |
|                                                    |_____|
|                                                                       |
|                          ____          ____                           |
|Credit card:   Mastercard |__|    Visa |__|    (ONLY BY FAX / POSTAL MAIL) |
|                                                                       |
|Card Number ......../......../......../....... Expiry Date ...........|
|                                                                       |
|Holder ...............................................................|
|                                                                       |
|Signature ................................. Date ....................|
|                                                                       |
|Comment (other payment method) .......................................|
|                                                                       |
|.......................................................................|
|_____|
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