

This form should be returned together with your payment to the Congress organizers before July 18th 2008.
Gema Tours S.A. Calle 67 No. 6-60 Oficina 401 – Tel: (57 1) 3465025 – Fax: (57 1) 212 6146, Bogotá, Colombia
E-Mails: congresos@gematours.com, lucydiazgranados@gematours.com

74th INTERNATIONAL PEN – CONGRESS IN BOGOTA, SEPTEMBER 17 – 22, 2008

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 / Organization _____ 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 _____

VISAS

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

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

REGISTRATION FEE

Official delegate (EUR 300) _____ Participant (EUR 300) _____ Accompanying person (EUR 300) _____

No. of Registrations: _____

Total cost REGISTRATION: EUR _____

ACCOMMODATION

Please fill in this Form and send it to the Congress Organizer, Gema Tours by e-mail: congresos@gematours.com

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

Please repeat name

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)
Crowne Plaza Tequendama (Congress venue)		<input type="radio"/> EUR 0 (5 nights paid by host center)	<input type="radio"/> EUR 9 (per night)	_____	_____
Extra nights		<input type="radio"/> EUR 77 per night	<input type="radio"/> EUR 86 per night		
From: _____					
Till: _____					
Total cost					_____

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)
Crowne Plaza Tequendama (Congress venue)	<input type="radio"/> EUR 0 (5 nights paid by host center)	<input type="radio"/> EUR 34 (per night)	<input type="radio"/> EUR 43 (per night)		
Extra nights		<input type="radio"/> EUR 77 (per night)	<input type="radio"/> EUR 86 (per night)		
From: _____					
Till: _____					
Total cost					_____

*) Shared room: I would like to share with
Name _____ from PEN Centre _____

Other Hotels: They are several hotels with special rates for the PEN Congress. The Colombian PEN Center only will pay the staying of the Official Guest and Official Delegate at the Crowne Plaza Tequendama (Congress Venue).

Hotel		Single Room	Double Room	Number of Nights	Total Cost Accommodation
Crowne Plaza Hotel Tequendama		<input type="radio"/> EUR 77 (per night)	<input type="radio"/> EUR 86 (per night)	_____	_____
Suite Jones		<input type="radio"/> EUR 126 (per night)	<input type="radio"/> EUR 150 (per night)	_____	_____
Hotel La Opera		<input type="radio"/> EUR 99 (per night)	<input type="radio"/> EUR 123 (per night)	_____	_____
Total Cost					_____
Name _____ from PEN Centre _____					_____

Please repeat name

Family name

First name

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

EXCURSIONS

	Price per person EUR	Number of persons	Total cost
<input type="radio"/> Tour 1: City Tour	EUR 10	_____	_____
<input type="radio"/> Tour 2: Zipaquirá – Cathedral of Salt	EUR 19	_____	_____

POST – CONGRESS TOURS (Tick only one)

	Price per person EUR	Number of persons	Total cost
<input type="radio"/> Tour 3: September 22 – 24 : Cartagena	EUR 210	_____	_____
<input type="radio"/> Tour 4: September 22 – 25 : Leticia	EUR 562	_____	_____
<input type="radio"/> Tour 5: September 22 – 24 : Boyacá	EUR 190	_____	_____
Single – room supplement in Cartagena (2 nights)	EUR 105	_____	_____
Single – room supplement in Boyacá (2 nights)	EUR 20	_____	_____

Total amount of payment

EUR

A minimum of 20 participants each is needed for the excursions and the post-congress tour to take place., except tour # 4 Leticia.

METHOD OF PAYMENT

Registration fee EUR _____
Accommodation costs EUR _____
Paid excursions and post-congress EUR _____
Total amount EUR _____

Payment by credit card

Please indicate form of payment (Tick one)

Credit Card: Visa Master Card American Express

Card No. _____

Expire Date _____

Control No. _____

Cardholder's name _____

Signature _____ **Total amount to be charged: EUR** _____

Bank transfer

In favor of: Gema Tours on bank transfer Helm Bank

Bank address: 999 Brickell Avenue – Miami, Fl. 33131, USA - Phone (1 305) 3794356 ABA 0670 11456.

Account Number 1040095207.

Please send a copy of your payment by fax (57 1) 2126146 or by e-mail: congresos@gematours.com, with copy:lucydiazgranados@gematours.com

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 fax or mail it before July 18 2008 to: Gema Tours. Telephone: (57 1) 3465025 - Fax: (57 1) 2126146, E-Mail: congresos@gematours.com. Please note: If you pay by bank transfer you must assume the cost of the bank transaction. All delegates and participants who are not paying by credit card must assume the cost of the bank transaction and please send a copy of their bank transfer form to Gema Tours. Without this information it's impossible to complete your registration.