

**2<sup>nd</sup> International Conference on Sunn Pest**  
**ICARDA, Aleppo, Syria, July 19-22, 2004**

**Registration and Hotel Reservation Form**  
**Deadline for receiving this form is May 15, 2004**

**Registration of participant:**

**First Name:** \_\_\_\_\_ **Family Name:** \_\_\_\_\_

**Organisation:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

**E-mail:** \_\_\_\_\_ **Professional status:** \_\_\_\_\_

**Support:**

Self                       I need partial support\*                       I need full support\*  
 (\* Please complete the [application for funding](#))

**Visa:**

I do not need help                       I need invitation letter from the Organizing Committee  
 I need help (Please complete the [visa application form](#))

**Participation:**

I wish to present an oral paper                       I wish to present a poster paper  
 I wish to participate without presenting a paper

(for more information please see the [abstract sample form](#) & [poster guideline](#) and complete the [abstract form](#))

**Touristic trip (July 22):** (Please see the [touristic trip information](#))

Yes, I want to go on the tour                       No, I do not want to go on the tour  
 Probably skip this part                       How many will accompany you?

**Accompanying person:**

**First Name:** \_\_\_\_\_ **Family Name:** \_\_\_\_\_

**Room reservation:**

Single                       Double

I wish to share my room with: \_\_\_\_\_  
 Name of person to share room with

I do not need a hotel reservation

	Date	Flight number	Time	Airport (Damascus or Aleppo)	Hotel accommodation in Damascus	
					Date	No. of nights
Arrival						
Departure						

**Hotel Selection (in Aleppo):**

Hotel*	Single (US\$)	Double (US\$)	Preference**
Chahba Cham (breakfast not included)	83	99	
Amir Palace	26	34	
Pullman Al-Shahba	42	56	
Planet	35	40	
ICARDA Guest house (no breakfast available)	20	30	

\* All rates mentioned above include services & sales taxes.

\*\* Kindly arrange your preference A, B & C in the provided columns.

**Completed forms should be sent to:** Dr. Safaa Kumari, Chair of the Local Organizing Committee, ICARDA, P.O. Box 5466, Aleppo, Syria, Fax: Fax No. (+963-21) 2225105/2213490; e-mail: S.Kumari@cgiar.org