



## 7th international conference on medical image computing and computer assisted intervention

September 26-29, 2004 Saint-Malo, France

To be returned **ASAP** to:

Centre de rencontres internationales Auberge de jeunesse de Saint-Malo

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## **ACCOMMODATION FORM**

IDENTITY	
I Ms I Mr	
Last name (in capital letters):	
First name:	
Affiliation:	
Address:	
Zip code: City: Country:	
Phone: Fax:	
Email:	

RESERVATION		
Check-in date:	Approximate time of arrival in Saint-Malo:	
Check-out date:		
i.e. nights		
<u> </u>		
Price <b>per person and per night</b> , including breakfast, sheets supplying and the visitor's tax.		Price □ €16
Room with 4 bunk beds with sink	in the room	210
I wish to share my room with:		
Date: Sign	nature:	