

Registration Form



Please complete and return this registration form duly filled to :

ICMS 2009 Québec
Organization Committee
Musée de la civilisation
16, rue de la Barricade
C. P. 155, succ. B
Québec (Québec)
Canada G1K 7A6

35th Annual ICMS Conference

Security in museums: problems, trends and solutions
September 14-18, 2009
Québec
Canada

E-mail: icms.quebec.2009@mcq.org

Fax: 418 646 9506

Website : <http://blog.mcq.org/icms2009/>

Please photocopy your filled-in form and keep it for your records.

DELEGATE DETAILS

Please note, that the details completed within this section will be reproduced, exactly as they appear, in the delegate list.

Surname Mr. Mrs. Miss Ms. _____

First name _____

Position _____

Institution / Museum / Other _____

Postal address _____

Country _____ Postal code _____

Telephone _____ Fax _____

E-mail _____

ICOM Membership number _____

- *ICMS members will have priority.*
- *To attend ICMS Québec you must be a member of ICOM. For further details on becoming a member please refer to ICOM homepage <http://icom.museum>.*

ACCOMPANYING PERSON

Surname Mr. Mrs. Miss Ms. _____

First name _____

Surname Mr. Mrs. Miss Ms. _____

First name _____

REGISTRATION FEES

Category	After January 31 st , but before March 31 st 2009	After March 31 st 2009	Registration for 1 day
Delegate	<input type="checkbox"/> CAN \$ 480	<input type="checkbox"/> CAN \$ 510	<input type="checkbox"/> CAN \$ 175
Accompanying Person	<input type="checkbox"/> CAN \$ 200	<input type="checkbox"/> CAN \$ 215	
TOTAL	CAN \$ _____		

INVITATION

- Please send me a letter of invitation in order to arrange the appropriate visa to enter Canada.
 Please send me a letter of invitation in order to apply for leave to attend the conference.

PAYMENT

Registration fees _____ + accompanying person _____ = CAN \$ _____

Two choices for your payment are possible:

By credit card (preference of the committee) : Visa MasterCard American Express

Name on card

Expiration date(mm/yy)

Card number

Signature _____ Date _____

By check (in Canadian currency only) : please write the check payable to the:
Musée de la civilisation «Comité organisateur ICMS Québec 2009».

ACCOMMODATION

Note: All prices shown are in CAN \$

Hotel			Price per night, per room	
Name and grade Walking distance between Hotel and the Conference Building	Make your choices	Details	Double bed No tax	Double bed With taxes
1. Hotel Fairmont Le Château Frontenac / ***** / 5 minutes www.fairmont.com/fr/frontenac/			<input type="checkbox"/> CAN \$ 189	<input type="checkbox"/> CAN \$ 220
2. Hotel Manoir Victoria / **** / 10 minutes www.manoir-victoria.com			<input type="checkbox"/> CAN \$ 199	<input type="checkbox"/> CAN \$ 231
3. Hotel Clarendon (Note 2) / *** / 10 minutes www.hotelclarendon.com			<input type="checkbox"/> CAN \$ 159	<input type="checkbox"/> CAN \$ 185
4. Hotel Chateau Laurier / **** / 20 minutes www.vieuxquebec.com		<input type="checkbox"/> Standard <input type="checkbox"/> Superior	CAN \$ 154 CAN \$ 174	CAN \$ 179 CAN \$ 203

Hotel			Price per night, per room	
Name and grade Walking distance between Hotel and Conference Building	Make your choices	Details	Double bed No tax	Double bed With taxes
5. Hotel Palace Royal /****/ 15 minutes www.hotelsjaro.com			<input type="checkbox"/> CAN \$ 149	<input type="checkbox"/> CAN \$ 174
6. Hotel des Coutellier (Note 1) /***/ 5 minutes www.hoteldescoutellier.com		<input type="checkbox"/> Standard <input type="checkbox"/> Superior	CAN \$ 135 CAN \$ 145	CAN \$ 157 CAN \$ 169
7. Hotel Le Saint-Paul (Note 1) /***/ 5 minutes www.lesaintpaul.qc.ca/		<input type="checkbox"/> Standard <input type="checkbox"/> Junior suite	CAN \$ 109 CAN \$ 129	CAN \$ 127 CAN \$ 150
8. Hostelling International or Auberge Internationale de Québec 15 minutes www.aubergeinternationaledequebec.com		<input type="checkbox"/> Bed dorms without breakfast <input type="checkbox"/> Private room with bathroom and breakfast	CAN \$ 24 CAN \$ 89	CAN \$ 27 CAN \$ 100

Every room includes a private bathroom, breakfast is not included

Note 1 : Breakfast included.

Note 2 : Additional person CAN \$ 20.

N. B. : In the column «Make your choices», identify your top three choices of accommodation and check the category you wish for each of these choices.

Check-in (arrival) date : _____

Check-out (departure) date : _____

Number of nights: _____

I will be sharing with: _____

I do not require accommodation. I have made my own arrangements and will be staying at : _____

※ Upon reception of your accommodation confirmation, details concerning your room will be mentioned.

※ Your credit card will be charged at the end of your stay.

Credit Card Visa MasterCard American Express

Name on card _____

Expiration date (mm/yy) _____

Card number _____

Signature _____ Date _____

Terms of registration:

Please return this form no later than **July 1st 2009** by fax : 418 646 9506 or by E-MAIL to : icms.quebec.2009@mcq.org

After full payment, your registration will be confirmed. If notice of cancellation is received after March 31st 2009, the non refundable registration fees will be retained.

The person in charge can be reached by e-mail: louis.letourneau@mcq.org