

ACCOMMODATION FORM

XV INTERNATIONAL WORKSHOP ON THE PHYSICS OF SEMICONDUCTOR DEVICES

DECEMBER 15-19, 2009

(Please fill in the complete details)

First Name : Last Name

Institution / University / Gov. Agency:

Affiliation Address / Address for

Correspondence :

City :

State :

Zip Code :

Country :

Phone :

Fax No. :

E-mail :

* Passport No. :

* Date of Issue :

* Place of Issue :

* Validity :

* Date of Birth :

* Nationality :

Accommodation required: Guest House/Hostel

* **Applicable only for foreign participants**

Rates of Accommodation (The rates are for five days of stay)

Guest house

Hostel