

REGISTRATION FORM

For reservation please fill this form and send it on e-mail, arhus2017@congresstravel.me - tel /fax: + 382 20 229 550, 229 551, 228 410 - GSM: + 382 67 602 702

TITLE: Mr Ms

SURNAME

FIRST NAME

ADDRESS

POSTCODE CITY COUNTRY

TELEPHONE MOBILE

FAX E-MAIL

VENUE

The full address of the meeting venue is: Hotel Splendid, Bečići bb, 85310 Budva, Montenegro

HOTEL ACCOMMODATION

I need a hotel reservation: Yes No

Name of hotel:

Room: Single Double (name of 2nd person)

Check in date Check out date

TRANSFER FROM AIRPORT TO HOTEL

I need transfer: Yes No

Airport name:

ARRIVAL

DEPARTURE

Date of flight:

Date of flight:

Time of flight:

Time of flight:

Flight number:

Flight number:

METHOD OF PAYMENT

Credit card

Invoice

Type of credit card

Visa

MasterCard

Maestro

American express

Credit card number:

Expire date:

Name of the company:

Full address of the company:

Email address:

Contact person:

Note: Cancellation without penalty: 25.06.2017.

In case of cancellation within the period or in case of no-show all reservation will be charged.

The payment via Invoice must be done till 25.06.2017.

The payment via credit card – all credit cards will be charged on 25.06.2017.