Qualitative Reasoning Workshop, QR 2009, Ljubljana, Slovenia

HOTEL RESERVATION

Complete this form in capital letters and return it to:
Albatros Bled, Ribenska 2, 4260 Bled, Slovenia
Tel: +386 4 5780 3506, fax: +386 4 5780 355
e-mail: neja@albatros-bled.com, http://www.albatros-bled.com

1. PARTICIPANT

☐ Mr.   ☐ Mrs.   ☐ Ms.   Title: _____

First name: _____   Last name: _____

Organisation: _____

Department: _____

VAT ID No.: _____ (for European Union members only)

Address: _____

Post Code: _____   City: _____

Country: _____

Phone: _____   Fax: _____

E-mail: _____

2. HOTEL ACCOMMODATION   ☐ **No Accommodation Booking Required**

Conference participants are advised to reserve hotel rooms well in advance, as rooms cannot be guaranteed after **May 31,**

2009. All reservations will be handled on a first come, first served basis, after May 31, 2009, upon availability.

Accommodation is payable directly to the hotel when chenking out. All major credit cards are accepted.

Arrival date: _____   Departure date: _____   No. of nights: _____

Prices are in EUR per day and per room including buffet breakfast, VAT and tourist tax.
Please circle your choice !

	Single room standard	Double room Single use
Grand Hotel UNION ****	146 EUR	157 EUR
City Hotel ***	89 EUR	
Hotel Mrak ***		80 EUR

Double room to be shared with: _____

Special requirements: _____

To guarantee your accommodation, please fill out the credit card details. After getting your credit card information, you will receive a hotel confirmation. All cancellations must be sent in writing to the above address.

Cancellations received before 31st May 2007, are free of charge. After this date one room night will be charged to your credit card. Please inform Albatros Bled and NOT the hotel booking about any changes regarding arrival and departure dates.

☐   <u>CREDIT CARD</u>:   ☐ VISA   ☐ EUROCARD/MASTERCARD   ☐ AMERICAN EXPRESS

Card No.: _____ Expiry date: _____

Control code: _____ for Eurocard/Mastercard and Visa only (last 3 numbers on the reverse side by the signature)

Cardholder's name: _____

I authorise Albatros Bled to charge my credit card in amount of EUR _____

Date: _____   Signature: _____