

November 15-22, 2009 Ljubljana, Slovenia

Electroporation based Technologies and Treatments



International SCIENTIFIC WORKSHOP and POSTGRADUATE COURSE

<http://www.cliniporator.com/ect/>

ACCOMMODATION FORM

available in PDF from: <http://www.cliniporator.com/ect/registration/>

Please send this form at the latest by 30 September 2009 to:

(with a note "for ECT2009")
Albatros Bled, Majda Zidanski s.p.
Ribenska 2
SI-4260 Bled, SLOVENIA

Tel.: +386 4 5780 358
Fax: +386 4 5780 355
E-mail: ksenija@albatros-bled.com
Web: <http://www.albatros-bled.com>

Please use block letters!

PARTICIPANT: DR. PROF. MR. MS.

NAME _____

AFFILIATION _____

ADDRESS _____

CITY _____ ZIP CODE _____ COUNTRY _____

PHONE _____ FAX _____

E-MAIL _____

ACCOMPANYING PERSONS:

NAME _____ NAME _____

HOTEL SELECTION: CHECK-IN DATE: _____ CHECK-OUT DATE: _____ NO. OF NIGHTS: _____

HOTEL RATES: IN EUR FOR BED & BREAKFAST AND TOURIST TAX PER ROOM AND PER DAY. PLEASE FILL IN WHERE APPROPRIATE!

PAYMENT FOR ACCOMMODATION AND OTHER HOTEL SERVICES WILL BE MADE DIRECTLY TO THE HOTEL. ALL MAJOR CREDIT CARDS ARE ACCEPTED

HOTEL	SINGLE OCCUPANCY	DOUBLE OCCUPANCY
HOTEL SLON ****	ECONOMY <input type="checkbox"/> EUR 97,00	<input type="checkbox"/> EUR 153,00
	COMFORT <input type="checkbox"/> EUR 137,00	
PENSION MRAK ***	<input type="checkbox"/> EUR 69,99	<input type="checkbox"/> EUR 105,98
CITYHOTEL ***	<input type="checkbox"/> EUR 88,00	<input type="checkbox"/> EUR 103,00

DOUBLE ROOM TO BE SHARED WITH: _____

CREDIT CARD (Accommodation can be booked by credit card only. 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 15 Oct is free of charge. After this date one room night will be charged to your credit card.)

American Express

Master Card / EuroCard

Visa

Card No.

Expiry:

Control No.: _____ Cardholders' name: _____

Signature: _____

ARRIVAL: CAR TRAIN PLANE **DEPARTURE:** CAR TRAIN PLANE

DATE & HOUR: _____ DATE & HOUR: _____

FLIGHT No.: _____ FLIGHT No.: _____

SHUTTLE SERVICE:

TRANSFER BETWEEN LJUBLJANA AIRPORT AND LJUBLJANA WILL BE ORGANISED ONLY BY REQUEST.

I WILL NEED TRANSFER FOR: **ARRIVAL** YES NO

DEPARTURE YES NO

DATE _____

SIGNATURE _____