

HOTEL RESERVATION FORM

PRESS

PERSONAL DETAILS (Please use capital letters)

Family Name: _____
First Name(s): _____
Media: _____
Address: _____
Postal Code: _____ Town: _____
Country: _____
E-mail: _____
Tel: _____ Fax: _____

Hotel bookings

Hotel accommodation will be at your own expense. If you wish to book a hotel room, please fill in the section below. Your credit card number will be used to guarantee the reservation. We cannot accept your hotel reservation without a credit card number as guarantee.

	Hotel (please indicate your order of preference)	Single	Double
	3* hotels (Jelovica, Astoria, Krim)	47€	37€
	4* hotels (Park, Golf, Kompas)	88€	58€

The above rates include room and breakfast with all taxes and it is per person per day.

Arrival date: Departure date: Single ☐
Double ☐

Cancellations received after May 15 2002 may be debited three night.
All no-shows will be charged three night.

Credit card details

Type: _____ Card No.: _____
Name of cardholder: _____ Card expires: _____

Date: _____ Signature: _____

Please complete this form in capital letters and return it by fax or email
by **May 15, 2002.**

**Fax: +386 4 5780 501 , Email: matjaz.zavrsnik@dzt.bled.si,
lili.osterbenk@dzt.bled.si**

One form only per participant, please.