



RESERVATION FORM

Ref. »ELMCIP – 99.199.595«
21.–23. September 2011

Reservation form should be sent to the following e-mail or faxed to the number:

e-mail: spela.marolt@cityhotel.si ; fax: + 386 1 239 00 01

TITLE _____
FIRST NAME: _____ LAST NAME: _____
INSTITUTION: _____
ADDRESS: _____
CITY: _____ COUNTRY: _____
PHONE: _____ FAX: _____
E-MAIL: _____

Arrival Date: _____ September 2011 Departure Date: _____ September 2011

Please indicate your choice of ROOM TYPE (rate is per room per night and includes VAT and buffet breakfast):

<input type="checkbox"/>	DOUBLE room single use – SUPERIOR – 114,41 €
<input type="checkbox"/>	DOUBLE room double use – SUPERIOR – 128,02 €

Name of accompanying person if sharing a double / twin room: _____

PAYMENTS

Hotel accommodation is to be paid directly at the hotel when checking out. Your credit card details are required as a deposit guarantee. The one night deposit will not be drawn from your credit card unless the reservation has been cancelled in up to 3 days before arrival. Cancellations must be sent in writing. For no show hotel will charge one overnight.

TYPE: _____ NUMBER AND CVC: _____ EXPIRY DATE: _____

DEAD-LINE FOR HOTEL RESERVATIONS: 31st August 2011

Please note that in the case of booking after 31st August 2011, rates might be higher.
[After 31st August 2011, accommodation cannot be guaranteed.](#)

Date: _____ Signature: _____

PLEASE, BE AWARE of the DEAD-LINE and send us RESERVATION FORM ASAP.
Thank you