



IRG 35
6-10 June 2004
Ljubljana
Slovenia

FORM B: Hotel Reservation for Delegates and Companions

Delegate Information

Name _____ Title _____
(Mr, Mrs, Dr, etc) _____
Organisation _____
Address _____
City _____
State _____ Zip/Post Code _____
Country _____
Phone _____ Fax _____
E-mail _____

Accompanying adults and/or children

Name _____ Relationship _____

Accommodation details (room types and prices are defined for each Hotel separately; see [IRG 35 Web-Accommodation](#))

Selected Hotel _____
Room Type _____ No of Rooms _____ Price per Night _____ EUR
Room Type _____ No of Rooms _____ Price per Night _____ EUR
Room Type _____ No of Rooms _____ Price per Night _____ EUR
Check-In (day, month, year) _____ Check-Out (day, month, year) _____
Method of Payment _____

Reservation Secure Details

Credit Card Type _____ Card No _____
Expiration Date (month/year) _____
Name of Card Holder _____
Signature of Card Holder _____ Date _____

Form must be **sent to selected Hotel** by fax or E-mail. Registration **deadline** and **cancellation details** are specified for each hotel separately. For details see **IRG 35 Web-Accommodation**: <http://www.irg-wp.bf.uni-lj.si> or contact borut.kricej@bf.uni-lj.si.

Reservation without Hotel confirmation is not valid!