

Send to:
registration@icolim2011.hep.hr

Or fax to:
++ 385 1 46 98 052

PERSONAL PARTICIPATION CANCELLATION FORM

Mr. Mrs. Ms.

First name:

Last name:

Company name:

Company address:

Postal code, city:

Country:

Telephone:

Fax:

Mobile phone:

E-mail:

Title	Participants Name	Registration type
Mr./Mrs./Ms.		
Mr./Mrs./Ms.		
Mr./Mrs./Ms.		
Mr./Mrs./Ms.		
Mr./Mrs./Ms.		

CANCELLING of participation and reimbursement of payment:

- **before April 20th,2011 - reimbursement of 100%** of the amount paid **reduced by 20 € for administrative charges,**
- **before May 2nd,2011 - reimbursement of 50%** of the amount paid,
- **after May 17th,2011 - the costs shall be charged in full.**

These conditions are known to me and accepted by me.

Date:

Signature: