

Send to fax:

++ 385 (0)1 48 92 091
for the Westin Hotel

++385 (0)1 48 92 060
for Four Points - Panorama

++ 385 (0)1 20 27 092
for the Phoenix Hotel

HOTEL RESERVATION FORM

**Hotel reservation deadline:
 May 10th, 2011**

Mr. Mrs. Ms.

First name:

Last name:

Company name:

Company address:

Postal code, city:

Country:

Telephone:

Fax:

Mobile phone:

e-mail:

Arrival date:

Departure date:

Accommodation for Participants	Room	Price per room /night	Number of nights
Hotel Westin - Zagreb ***** Conference Centre	Single room	105,00 € / 760,00 HRK	
	Twin/double room	122,00 € / 882,00 HRK	
Four Points by Sheraton Panorama Zagreb *****	Single room	80,00 € / 592,00 HRK	
	Twin/double room	90,00 € / 667,00 HRK	
Accommodation for LW Demonstrators	Room	Price per room /night	Number of nights
Hotel Phoenix *****	Single room	60,00 € / 434,00 HRK	
	Twin/double room	85,00 € / 608,35 HRK	

* City tax for Zagreb will charge an extra 1 € per person per day.

** City tax for hotel Phoenix will charge an extra 0.84 € per person per day.

*** VAT is included in above rates.

If you are **sharing the room**, please choose the type of room and fill in below:

- DOUBLE BED**
- TWIN**

- Sharing with non-participant of the Conference
- Sharing with participant of the Conference

If you will be sharing room with another participant, please fill:

LAST NAME _____ **FIRST NAME** _____

Special requirements:

**please note that your special requirements will be taken into consideration, but cannot be guaranteed*

Cancellations must be sent in writing before April 30th 2011, later cancellations cannot be accepted. **Cancellations after April 30th 2011**, as well as no-shows on the expected arrival day, will result in a 100% charge of the agreed accommodation expenses for the first night of stay. This fee will be charged to the individual guest's credit card provided to the Hotel at the time of booking.

PAYMENT (Accommodation)

Hotel costs are to be paid directly at the hotel by a credit card.

- VISA
- MASTERCARD
- AMERICAN EXPRESS
- DINERS

Card No.:

Expiry date:

CSC code:

Name as it appears on the credit card:

Authorization signature for credit card payment:

Date:

Signature: