CONFERENCE ICPMAT 2017

5.-11.8.2017

*HOTEL REGISTRATION FORM*

Please return this form to by e-mail to Mrs.Bibiana Gajdošová (bozenka@sdaj.sk).

**Participant information (block capitals):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

First name: ................................................ Last name: ......................................................

Title: .....................

Institution or company: ...................................................................................................................................................................................

Address: ...................................................................................................................................................................................

Post code: ................................................. City: ................................................................

Country: ................

Passport Nr.: …………………………………………. Visa Nr.:……………………………………………………….

Direct e-mail (please write clearly): .....................................................................................................................................................................

Mobile: .....................................................................

**Rates (per night): SGL room DBLroom\_\_\_\_\_\_ \_TRIPLEroom\_\_\_**

**ŠD Nemcovej**

Standard rate 15 EUR 30 EUR 45 EUR

Double room single occupation 30 EUR - -

**ŠD Urbánkova**

Standard rate - 30 EUR -

Double room single occupation 20 EUR

Breakfast 2,65 – 2,95 EUR/per person/per meal

Local tax 1,50 EUR/per person/per night

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Registration will not be confirmed unless we receive the full contact details of the delegate.

All hotel rooms must be paid at the day of arrival.

**Booking details:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Arrival date: ..../..../........ Departure date: ..../..../........

Number of nights: .... Type of room: ....................... Rate per night: ..........

Breakfast: YES / NO

\* Local tax will be charged with accommodation.

**Payment:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**CASH OR CREDIT CARD at the day of arrival.**