

Registration form for accommodation

2. Congress of Social Work

Name and Surname: _____

Organisation: _____

Address: _____

City: _____ ZIP code: _____

Telephone: _____ Fax: _____

E-mail: _____

Arrival day: _____ Departure day: _____

Number of persons: _____

The rates are in €, per person or suite, per day

Service: bed and breakfast

Hotel	1/1	1/2
Hoteli Morje****	<input type="checkbox"/> 120	<input type="checkbox"/> 160
Hotel Marita****	<input type="checkbox"/> 95	<input type="checkbox"/> 125
Hotel Vile Park***	<input type="checkbox"/> 85	<input type="checkbox"/> 110

Deadline for reservation is 5. september 2005

Send reservation to:

AVDITORIJ Portorož

Senčna pot 10

6320 Portorož

Slovenia

Tel.: +386 5 6766700

Fax: +386 5 6766702

E-mail: kongress.avditorij@siol.net

Date: _____

Signature: _____