



COST 244bis - Action on Biomedical Effects of Electromagnetic Fields
11TH WORKSHOP ON BIOMEDICAL APPLICATIONS OF EMFS
 and **MANAGEMENT COMMITTEE MEETING**
 7-8 October 2000, Bled - SLOVENIA



HOTEL RESERVATION FORM (COST 244bis)

available in PDF from: <http://lbk.fe.uni-lj.si/icbem/cost244bis/>

Please send this form until 30 September 2000 to our designated Congress and Tourist Agency **ALBATROS Bled**:

(with a note "for COST 244bis Meeting")
Albatros Bled
 Ribenska 2
 SI-4260 Bled, SLOVENIA

Tel.: +386 64 741-101
 +386 64 741-010
 Fax: +386 64 741-031
 E-mail: albatros@albatros-bled-sp.si

Please use block letters!

PARTICIPANT:

DR. PROF. MR. MS.

NAME _____

AFFILIATION _____

ADDRESS _____

CITY _____ POST CODE _____ COUNTRY _____

PHONE _____ FAX _____

E-MAIL _____

ACCOMPANYING PERSONS:

NAME _____ NAME _____

NAME _____ NAME _____

HOTEL RESERVATION: PLEASE FILL IN WHERE APPROPRIATE (BED-AND-BREAKFAST PRICES IN EUROS/PERSON/DAY)! *

PLEASE MAKE YOUR RESERVATION SOON SINCE THE NUMBER OF ROOMS RESERVED FOR THE MEETING IN EACH PARTICULAR HOTEL IS LIMITED AND THE ROOMS WILL BE ALLOCATED ON THE *FIRST RESERVED - FIRST SERVED* BASIS.

HOTEL	SINGLE ROOM	DOUBLE ROOM / PER PERSON
GRAND HOTEL TOPLICE *****	<input type="checkbox"/> EUR 90 NUMB. OF ROOMS: _____	<input type="checkbox"/> EUR 49 NUMB. OF ROOMS: _____
HOTEL PARK ****	<input type="checkbox"/> EUR 64 NUMB. OF ROOMS: _____	<input type="checkbox"/> EUR 42 NUMB. OF ROOMS: _____
HOTEL KRIM ***	<input type="checkbox"/> EUR 41 NUMB. OF ROOMS: _____	<input type="checkbox"/> EUR 31 NUMB. OF ROOMS: _____

I AM WILLING TO SHARE MY ROOM WITH ANOTHER PARTICIPANT: YES NO NAME (OPTIONAL): _____

SPECIAL DIETARY REQUIREMENTS: VEGETARIAN _____ FOR NUMBER OF PERSONS: _____

* THE RATES ARE SUBJECT TO SMALL CHANGES WITHOUT NOTICE!

PAYMENT METHOD:

PAYMENT FOR ACCOMMODATION AND OTHER HOTEL SERVICES WILL BE MADE DIRECTLY AT THE HOTEL. NO DEPOSIT IS REQUIRED FOR RESERVATION. ALL MAJOR CREDIT CARDS ARE ACCEPTED.

<u>ARRIVAL:</u>	<input type="checkbox"/> CAR <input type="checkbox"/> TRAIN <input type="checkbox"/> PLANE	<u>DEPARTURE:</u>	<input type="checkbox"/> CAR <input type="checkbox"/> TRAIN <input type="checkbox"/> PLANE
DATE & HOUR: _____		DATE & HOUR: _____	
FLIGHT/TRAIN NO.: _____		FLIGHT/TRAIN NO.: _____	

SHUTTLE SERVICE:

TRANSFER BETWEEN LJUBLJANA AIRPORT AND BLED WILL BE ORGANISED BY REQUEST. THE ONE-WAY PRICE PER PERSON TO BE PAID ON-SITE IS **35 EUROS**. PLEASE TICK APPROPRIATELY!

I WILL NEED TRANSFER FOR: **ARRIVAL** YES NO **DEPARTURE** YES NO

DATE _____

SIGNATURE _____