



1<sup>st</sup> Slovenian-Croatian Meeting on Biomedical Engineering



all information available at http://lbk.fe.uni-lj.si/icbem/

## HOTEL RESERVATION FORM

available in PDF from: http://lbk.fe.uni-lj.si/icbem/hotel/

(with a note "for ICBEM	Conference	nference")		+386 64 741-101		
<b>Albatros Bled</b> Ribenska 2			Fax: E-mail:	+386 64 741-010 +386 64 741-031		
SI-4260 Bled, SLOVENIA					.batros-bled-sp.si	
		Please use	block letters	s!		
PARTICIPANT: DR.	☐ Prof.	☐ MR.	☐ Ms.			
N				_		
-						
Affiliation Address						
ADDRESS				COUNTRY		
PHONE						
E-MAIL						
ACCOMPANYING PERSONS:						
Name			NAME			
Name						
HOTEL RESERVATION: PLEA						
PLEASE MAKE YOUR RESERVATION HOTEL IS LIMITED AND THE ROOM		_				CH PARTICUI
Нотец	SINGLE ROOF	M		Double Roc	M / PER PERSON	
GRAND HOTEL TOPLICE *****	☐ EUR 90	NUMB. OF R	ROOMS:	☐ EUR 49	Numb. of Room	MS:
HOTEL PARK ****	☐ EUR 64	NUMB. OF R	ROOMS:	☐ EUR 42	Numb. of Room	MS:
HOTEL KRIM ***	☐ EUR 41	NUMB. OF R	Rooms:	☐ EUR 31	NUMB. OF ROO	MS:
AM WILLING TO SHARE MY ROOM WITH ANOTHER PARTICIPANT:	☐ YES	□ No	NAME (OPTIO	ONAL):		
SPECIAL DIETARY REQUIREMENTS:	☐ VEGETARI	AN 🗖 _		For N	UMBER OF PERSON	S:
* THE RATES ARE SUBJECT TO SMAL	L CHANGES WIT	HOUT NOTICE!				
PAYMENT METHOD:						
PAYMENT FOR ACCOMMODATION AN S REQUIRED. ALL MAJOR CREDIT CA			L BE MADE DIRE	CTLY AT THE HOTE	L. NO DEPOSIT FO	R RESERVATI
ARRIVAL: CAR	☐ TRAIN	☐ PLANE	DEPARTUR	RE: CAR	☐ TRAIN	☐ PLAN
Date & Hour:			DATE & HOUR	R:		
FLIGHT/TRAIN No.:			FLIGHT/TRAIN	No.:		
SHUTTLE SERVICE:						
<b>SHUTTLE SERVICE:</b> Transfer between Ljubljana Ai	RPORT AND BLE	ED WILL BE ORG	GANISED BY REQ	UEST. THE ONE-W	AY PRICE PER PER	SON TO BE P
	K APPROPRIATE	LY!			AY PRICE PER PER	