

XI OPTIMA Meeting
Beograd 5-11 September 2004

HOTEL REGISTRATION FORM

Given (first) name(s): _____

Family name(s): _____

Address: _____

Phone: _____

Fax: _____

E-mail: _____

ACCOMMODATION

Please mark the hotel name and the room category

HOTEL	Single room	Double room per person	Deposit
4* METROPOL superior room		No double rooms	Eur 55.-
4* METROPOL			Eur 35.-
4* PALACE			Eur 55.-
4* MOSKVA			Eur 95.-
3* KASINA			Eur 60.-
3* PARK			Eur 50.-

Arrival date: _____

Departure date: _____

Total accommodation in Euros: _____

If you are sharing the double room please proceed the name of the person:

Deposit is required to be enclosed together with the Hotel reservation form to guarantee your reservation.

DEADLINE FOR THE RESERVATION: 15 JUNE 2004

DEADLINE FOR CANCELLATION: 1 August 2004

Completed please fax or send to:

ZEPTEK PASSPORT

Kralja Petra str. 32

11000 Beograd

Serbia and Montenegro

Tel.: + 381 11 328 31 37

Fax: + 381 11 328 33 68

congress@passport.zepter.co.yu

Signature

Date