HOTEL RESERVATIONS FORM

**HOTEL AMBASADOR**, OPATIJA, 09th-10th November 2015

Please reserve the following accommodations in order of preference:

Room type EUR

A Single (1/1) 62,00 EUR

B Double (1/2) 46,00 EUR

|  |  |  |  |
| --- | --- | --- | --- |
| **Room type** | **Names of occupants** | Arrival date; Hour | Departure Date |
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* PDV is included
* Tourist tax isn't included and insurance - 0,92 EUR day's paying for person
* Paying for hotel registration – 0,53 EUR
* Hotel insurance daily per person – 0,26 EUR

|  |  |
| --- | --- |
| **TOTAL AMOUNT ENCLOSED OR CHARGED:** | EUR |

**SEND CONFIRMATION TO:**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| First/Given Name | | |  | | | | |
| Last/Family Name | | |  | | | | |
| Company/Organisation | | | |  | | | |
| Company/Organisation Address | | | | |  | | |
| City |  | | | | | State/Province/Country |  |
| ZIP/Postal Code | |  | | | | Country |  |
| Telephone |  | | | | | Fax |  |

**PLEASE INDICATE METHOD OF PAYMENT:**

* **Credit card**

**Visa**  **MasterCard**   **American Express**  **Diners Club**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name (as it appears on card) | |  | | |
| Signature (as it appears on card) | |  | | |
| Credit Card Number |  | | Expiration Date |  |

* **Payment in Croatian Kuna (HRK)**

**All participants pay the costs for accommodation on reception before departure.**

Completed reservation form **until 02nd November 2015** send to **SQLAdria, Školjić 6, 51000 Rijeka;   
tel. 0038551327183, fax. 0038551338531 or e-mail:** [**info@sqladria.net**](mailto:info@sqladria.net)

**Completed reservation** form until **02nd November 2015** **send to** Liburnia riviera Hotels Hotel Ambasador, Feliksa Peršića 1, 51410 Opatija, Croatia; fax. 00385 51 743 444, tel. 00385 51 710 304

or e-mail: [kongresi@remisens.com](mailto:kongresi@remisens.com) [www.liburnia.hr](http://www.liburnia.hr/)