1. **PARTICIPANT’S DETAILS - please fill in capital letters**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Title: | [ ]  Prof. | [ ]  Dr. | [ ]  Mr. | [ ]  Mrs. | [ ]  Other |
| Degree: | [ ]  PhD | [ ]  M.D | [ ]  Other |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| \*Surname: |  | \*First name: |  |
| \*Institutuion: |  | \*Department: |  |
| \*Postal Address: |  | \*Postal code: |  |
| \*City / State: |  | \*Country: |  |
| \*Telephone: |  | \*Fax: |  |
| \*E-Mail: |  |  |  |

1. **ACCOMMODATION:**

|  |  |  |
| --- | --- | --- |
| **Hotel M \*\*\*\*** | **Please check in the select room type:** | **Room Rate** |
| **Single room** |[ ]  60€ |
| **Double room** |[ ]  70€ |

|  |  |
| --- | --- |
| **Premier Single room** |[ ]  90€ |
| **Premier Double room** |[ ]  100€ |

**Please complete the information requested:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Date of Arrival:** | **Date of departure:** | **Nights:** | **No of Single Rooms:** | **No of Double Rooms:** |
|  |  |  |  |  |
| You are sharing double room with( name of your room mate): |  |  |
| Additional information (e.g. non-smoking room): |  |

Rate is in Euros on bed abd breakfast bases. Tourist tax ( 1,50€) is not included.

Further information and hotel description can be found on **http://www.hotel-m.com/en/accomodation.html**

1. **TRANSPORTATION – Airport / Hotel / Airport ( rate - 15€ per person per way)**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Arrival date: |  | Flight no: |  | Time: |  | No of persons: |  |
| Departure date: |  | Flight no: |  | Time: |  | No of persons: |  |

|  |  |
| --- | --- |
| [ ]  By credit card | [ ]  Via Bank Transfer |

1. **PAYMENT:**

**A valid credit card is required to guarantee your reservation.**

|  |  |  |  |
| --- | --- | --- | --- |
| [ ]  VISA Card | [ ]  Master Card | [ ]  American Express |  |
| \_/\_/\_/\_/\_/\_/\_/\_/\_/\_/\_/\_/\_/\_/\_/\_/ | Expiry date: \_\_\_\_\_/\_\_\_\_\_ |  |
| CVC ( card validation code): \_/\_/\_/ | Name of the card holder: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| ( reverse side of the card in signature fild, last 3 digits) |  \***Card holder signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

\*Note that signing the payment form is **mandatory!**

**I hereby authorise MLADOST TURIST AD to debit my credit card account with the total amount due and any subsequent changes (cancellation, modification fees, no-show charges) to the items booked.**

**[ ]  Via Bank Transfer to the following account:**

Payment instructions:

1 Internediary reibursement institution

BKAUATWW

2 Account with the company TP Mladost-turist a.d.

BACXRSBG – swift code

UniCredit bank, Rajiceva 27-29, 11000 Belgrade, Serbia

3. Beneficiary costumer:

RS35170000030095232042 – IBAN CODE

Company: TP Mladost-turist a.d.

Street: Bulevar oslobodjenja 56a, 11000 Belgrade, Serbia

Mention: **MICROMED 2017**

**Please, contact us if you need a proforma invoice. Payment of services should be made in EUR.**

**Bank charges are the responsability of the participants and should be paid at source in additional to the accommodation fees. Please, make shure the name of the congress and the participant are stated on the bank transfer.**

 **F. Cancelati**o**n policy for accommodation:**

**Cancellation Policy:** If you do not cancel your reservation before its deadline (at 16:00pm on prior day of arrival) your credit card will charged with fee of only 1st night of your room rate as "NO SHOW".

**All changes /cancelations must be recieved in writing by fax or email to**

**Hotel M\*\*\*\*.**



**11000 Belgrade, Serbia**

**Tel: + 381 11 3095 505**

 **+381 11 3090 506**

**Fax: + 381 11 3095 506**

**Email:** **events@hotel-m.com**

**Contact persons: Radmila Saric or Rosa Perkovic**