



HOTEL RESERVATION FORM

Accommodation for participants will be in Hotel "Kolovare", Address: Bože Peričića 14, Zadar.
Please print this hotel reservation form, fill it and send it by fax **not later than 17 May 2002** to:

+ 385 1 6129717

Room Type	Price	* Payment on the site
Single Room - Full Board	33 EUR per night, per person *	Tax: 0,75 EUR per night, per person
Double Room - Full Board	27 EUR per night, per person *	

Number of Nights: _____ **Room Type:** _____

Date of Arrival: _____ **Date of Departure:** _____

Family Name Given Name

Institution / Company

Mailing Address

City State Zip Code

Country Phone Fax

ACCOMPANYING PERSON: _____
Family Name Given Name

COMMENTS: _____

Date Signature