HOTEL REGISTRATION FORM

Before booking, it is necessarily to fill out the Registration form and pay Registration fee.

Please complete and submit this form **by e-mail** to:

Mrs Snežana Stanković
Montenegrin National Committee of CIGRE
E-mail: epcgbord@t-com.me
Tel: +382 20 407 694
Fax: +382 20 203 186
http://www.cigre.me

Deadline for reservations is April 24, 2015 **Deadline for cancellations is May 4, 2015**

In case of cancellation of reservation after May 4th the Institute does not make return of assets. In case of late arrival, Institute will charge the full price of reservation.

SURNAME:	
NAME:	
ADDRESS:	
PHONE/FAX	
E-MAIL:	

ROOM TYPE:	X Double	**EUR 38**	X Supplement for full board	**EUR 5**
	X Single	**EUR 48**	X Supplement for apartment	**EUR 12**

** EPCG AD, CGES AD and ETF Podgorica will for their participants send collective reservations*

Accompanying person for double room _____

ARRIVAL DATE:		**DEPARTURE DATE:**	

TOTAL NUMBER OF NIGHTS:

** Rate is per person per night and includes accommodation on HB.*
*** Tourist tax, registration and insurance: EUR 1 per person/day.*

Please guarantee your reservation by credit card:

Credit card: Visa Card or Master Card

Credit card No: Valid through:

Date: Signature: