

Address:

PLEASE BOOK EARLY Return Fax to: +386 1 308 1908 ___ e-mail: tina.senk@gh-union.si

HOTEL ACCOMODATION		
PERSONAL DATA Please complete in c	lear print:	
☐ Mrs. ☐ Ms. ☐ Mr.	Title	
First name		Last name
Street		
Postal Code	City	Country
Fax for booking confirmation (with prefix n°.)		
E-mail		Phone
ARRIVAL AND DEPARTURE Arrival date: October , 2005 (approx. Time of arrival) Departure Date: October , 2005		
2* category	m including breakfast and \ \square € 52 to 68	/AT. City tax of 1 euro need to be added.) $4*$ category \square € 107 to 161 $5*$ category \square € 135 to 175
Overview of hotels offered Please indicate the hotel of your 1 st choice: We will try our outmost to accommodate your first choice as indicated, however rooms will be allocated on a first-come first served basis upon receipt of the reservation form, therefore your first choice cannot be guaranteed. 2 nd choice:		
BOOKING GUARANTEE A valid credit card is required to <u>guarantee</u> your hotel reservation. Your stay is to be paid directly at your hotel upon departure. Uisa		
BOOKING CONFIRMATION A written confirmation for your reservation including the name of the hotel will be sent to you by Fax or email within 3 working days.		
CANCELLATION Co	ONDITIONS (only written	cancellations addressed to Grand Hotel Union
	days before the event in 3 days before the event	Free cancellation 1 night will be charged
I accept the above mentioned cancellation terms.		
Place and date		Signature
For Hotel Use only: Hotel Confirmation		
Name of the hotel:		