**REGISTRATION & ACCOMMODATION FORM**

**Please complete this form and return it to**

**Spektar putovanja d.o.o., Hebrangova 34, Zagreb, Croatia**

**F: + 385 1 4862 622 E-mail:** **petra@spektar-holidays.hr**

**PLEASE USE BLOCK LETTERS**

**PARTICIPANT INFORMATION**

Family name: …………………………………………… First name: …………………………………………………………Title: ........................

Institute: …………………………………………................................................................................……..

Address …………………………………………………………………………………………………City: ........................................................

ZIP Code: …………………………………………………………………………… Country: ……………………………….………………………………………….

Phone: ………………………………………………….………E-mail: ............................................Fax: ....................................

Programme ID code(s): ............................ .............................. ................................ .........................

Only for active participants in programme accepted by the Organizer.

If you are participating in more than one performance please include all the ID codes from your applications.

**CONGRESS REGISTRATION FEE**

|  |  |  |  |
| --- | --- | --- | --- |
| **CATEGORY** | **EARLY BIRD** **UNTIL 31.01.2018.** | **LATE BIRD & ONSITE****FROM 01.02.2018.** | **CATEGORY DESCRIPTION** |
| PERMANENT PASS #1 | 160 EUR | 180 EUR | * Active participants
* Visitors
 |
| PERMANENT PASS #2 | 130 EUR | 150 EUR | * Musicians other than saxophonists and other programme participants
* Students\*
 |
| PERMANENT PASS #3 | 110 EUR | 130 EUR | * A group of 15 or more musicians participating in the same programme
 |
| THREE DAY PASS | 100 EUR | 100 EUR | * Three consecutive days (visitors only)

From: \_\_\_\_\_\_\_\_\_ To:\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| DAILY PASS | 50 EUR | 50 EUR | * Visitors only
 |
| OPEN DAYEDUCATIONAL 14.07. | 30 EUR | 30 EUR |  |

Students\*: the student application has to be accompanied by written proof of status; otherwise low fee will not be validated.

Participants from Croatia pay registration fee in HRK (Croatian kuna) at the bank medium exchange rate on the date of

payment.

Each registered participant gets a pass enabling their access to all events within the Congress (concerts, exhibitions,

opening day welcome reception, welcome bag, programme catalogue, T-shirt with the Congress logo, as well as various advertising materials.

**HOTEL BOOKING**

|  |  |  |
| --- | --- | --- |
| **HOTEL** | **SINGLE ROOM** | **DOUBLE ROOM** |
| HOTEL WESTIN |  |  |
| HOTEL DUBROVNIK |  |  |
| HOTEL JADRAN |  |  |

Arrival date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Departure date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Number of nights: \_\_\_\_\_\_\_\_\_

For double room please indicate the first and last name of the person you are sharing the room with:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Price is per room and day. Price includes bed/breakfast, city tax.

**TRANSFERS BOOKING**

I would like to book transfer(s) from / to airport:

**□ ARRIVAL:**

Date ...................................................................................

Flight number ...................................................................................

Arrival time ...................................................................................

Additonal person ...................................................................................

**□ DEPARTURE:**

Date ...................................................................................

Flight number ...................................................................................

Departure time ...................................................................................

Additonal person ...................................................................................

Price for transfer one way per 1-3 persons is 30 EUR

**INVOICE INFORMATION**

 All Congress expenses will be covered by participant

 In case your company / institution is covering all or some expenses, please complete the following infromation:

Institution / Company: ...........................................................

VAT NO: ...............................................................................

Address: ...............................................................................

City: .....................................................................................

Zip code: ..............................................................................

Country:................................................................................

Phone: .................................................................................

E-mail: .................................................................................

Registration fee: Accommodation: Transfers:

**METHODS OF PAYMENTS**

 BY BANK TRANSFER: bank transfer should be made payable to technical organizer Spektar putovanja d.o.o. and

 should include ref. Number 005/003/2018

**Account information for payment in EUR**
Spektar putovanja d.o.o.
ZAGREBACKA BANKA ZAGREB
IBAN HR1323600001500395457
SWIFT ZABA HR 2X

**Account information for payment in kuna**Spektar putovanja d.o.o.
ZAGREBACKA BANKA ZAGREB
IBAN HR3923600001101441264

All Bank service charges shall be paid by the participant.

BY CREDIT CARD OFFLINE

American Express Diners Club International Eurocard/Mastercard Visa

Credit card number ....................................................................................................................

Expiry date: Month ......................... / Year ............................... CVV # .........................................

Signing below I authorize Spektar putovanja to debit this credit card account for the total amount due

Credit card owner’s name .............................................................................................................

Signature ................................................. Date..........................................................................

Having signed below I herewith confirm that I have read and I am fully aware of the cancellation conditions. I hereby authorize Spektar putovanja to debit this credit card account for the total amount due.