

Hotel JADRAN

HOTEL RESERVATION

Please book a room at the Hotel JADRAN,
Str. 27 Mart b.b., 1000 Skopje, Macedonia
Tel./Fax +389 2 3118 427

for the **Cystic Fibrosis Worldwide** group accommodation
for the following nights: _____

Type of room	Room rate/EUR	Date	Name of guest
Standard			
Single			
Twin			
Tel:		E-mail:	

The above rate includes one overnight, breakfast, VAT and tourist tax.

On your request the Hotel can organize transportation from/to the airport.

The transport from/to the airport by **car** costs **25 EUR** (one way/one car).

If you would like for **Hotel Jadran** to arrange the transport, please note the **flight details**.

Credit card details:

í AMEX

í VISA

í EUROCARD/MASTERCARD

í DINERS

Number _____ Expiring date _____

Cardholder _____

Signature _____

In order to confirm the reservation at Hotel JADRAN I authorize the hotel to charge the amount of one night's rate in case of no show. Please note that the **deadline** for reservation of rooms is 01.03.2009. After deadline the rooms will be confirmed upon availability.

Contact person:

Reservation Department

Tel./Fax +389 2 3118 427