



REGISTRATION & HOTEL RESERVATION FORM

Cystic Fibrosis Worldwide
April. 16-19, 2009 Skopje, Macedonia

RETURN THIS FORM BY FEBRUARY 15, 2009 to:

Hotel Karpos ****

e-mail: hotelkarpos@hotelkarpos.com.mk

www.hotelkarpos.com.mk

tel: +389 2 3088 388

fax: +389 2 3088 389

Participant

Last name _____ First Name _____

Title: _____

Phone _____ Fax: _____

e-mail: _____

Address: _____

Accompanying person: (or I would like to share my accommodation with):

Family name: _____ First Name: _____

Accommodation & Flight Information:

Arrival date: _____ Flight No: _____ Time: _____

Departure date: _____ Flight No: _____ Time: _____

Would you like the hotel to organize the transfer? YES NO

By the price of 25 eur/by car/one way

Please tick to arrange accommodation at Hotel Karpos:

Single Room (BB) 80 EUR _____

Double Room (BB) 100 EUR _____

(All rates are per room, per night including breakfast buffet and all taxes. The rates are available until February 15, 2009)

In order to guarantee your accommodation, please provide your credit card details:

Credit Card Type: _____

Credit Card Number: _____

Expiry Date: _____ Card Holder _____

Cancellation Policy: Reservations guaranteed by credit card can be cancelled by April 01, 2009-at no charge. Cancellations after April 02, 2009, the hotel will charge one overnight to the credit card provided.