

**INTERNATIONAL ARCHAEOLOGICAL CONFERENCE
 BETWEEN THE AEGEAN AND BALTIC SEA:
 PREHISTORY ACROSS BORDERS
 MUSEUM MIMARA, ZAGREB, CROATIA
 APRIL 11-14, 2005**



REGISTRATION FORM

1. PARTICIPANT'S DETAILS

Please use BLOCK LETTERS when completing this form and send it by E-mail: marijana.perinic@event.hr or by fax: + 385 1 370 30 92 or by post: Event, Andrijevićeva 12, 10 000 Zagreb, Croatia

Family Name:		First Name:	
Title:			
Department/Position:			
Institution/Organisation:			
Address (street, city):			
Postal code:		Country:	
Telephone:		Fax:	
Mobile:		E-mail:	

2. ACCOMPANYING PERSON DETAILS

1. Family name:	First Name:
2. Family name:	First Name:

The registration on this form will be used for the preparation of your badge and for creating the list of participants. After sending us this Registration Form fully completed, you will receive a confirmation letter with your registration number, which you need to show at the registration desk on the day of your arrival.

3. REGISTRATION FEES for participants

- Until March 07, 2005 69 EUR
 After March 07, 2005 79 EUR

Registration fees include: conference materials, lunches and coffee-breaks, a welcome cocktail party, an opening reception, a visit to the Archaeological Museum and a City Tour with costumed guides.

REGISTRATION FEES for accompanying persons 33 EUR

Include: a welcome cocktail party, an opening reception, a visit to the Archaeological Museum and a City Tour.

SUBTOTAL 1 (Conference Fee(s)): _____ **EUR**

SOCIAL EVENTS / MEALS

KINDLY CONFIRM YOUR PARTICIPATION IN:

Please indicate the number of social events and meals you are going to be present at

April 10 at 20,00 h	Welcome Cocktail Party in Gradska Kavana	Included in the Conference fee	No of persons: _____
April 11 at 20,00 h	Opening Reception	Included in the Conference fee	No of persons: _____
April 12 at 18,00 h	Zagreb City Tour with costumed guides and dinner at "Stari Puntijar"	Price: 18 EUR per person	No of persons: _____
	No drinks included		
April 13 at 19,00 h	Visit to the Archaeological Museum	Included in the Conference fee	No of persons: _____
April 13 at 20,00 h	Dinner at "Vinodol"	Price: 17 EUR per person	No of persons: _____
	Drinks included : 0,25 l wine, 0,5 l min.water		
April 14 at 20,00 h	Farewell dinner at the family farm "Kezele"	Price: 20 EUR per person	No of persons: _____
	Drinks included		

Transportation to the events included in the price.

Special dietary requirements: _____

SUBTOTAL 2 (Social Events / Meals): _____ EUR

5. ACCOMMODATION

Prices include :bed and breakfast and a tax

Kindly mark the preferred hotel and room type.

Hotel	Single room		Double room per person		Triple room per person	
Regent Esplanade *****	<input type="checkbox"/>	166 EUR	<input type="checkbox"/>	83 EUR	<input type="checkbox"/>	/
Palace ****	<input type="checkbox"/>	98 EUR	<input type="checkbox"/>	57 EUR	<input type="checkbox"/>	/
Arcotel*****	<input type="checkbox"/>	90 EUR	<input type="checkbox"/>	53 EUR	<input type="checkbox"/>	/
Laguna ***	<input type="checkbox"/>	69 EUR	<input type="checkbox"/>	37 EUR	<input type="checkbox"/>	33 EUR
Dora***(only 11/3+3 app)	<input type="checkbox"/>	34 EUR	<input type="checkbox"/>	34 EUR	<input type="checkbox"/>	34 EUR
Youth hostel (for students only)	<input type="checkbox"/>	/	<input type="checkbox"/>	24 EUR	<input type="checkbox"/>	/

***note-all single rooms in hotel Dora are now sold out.

- Only 2 triple rooms (with 2 twin beds + 1 single bed)
- 9 triple rooms (with 1 French bed + 1 single bed):
- 3 apartments (2 rooms with French beds):
- 34 EUR per person

Date of arrival _____ Date of departure _____ No. of nights _____

Person sharing my room _____ Special requests _____

SUBTOTAL 3 (Accommodation): _____ EUR

6. ARRIVALS AND GROUND TRANSPORT

Arrival: Flight no. _____ Arrival time _____ Date _____ From _____

Departure: Flight no. _____ Departure time _____ Date _____ To _____

Transport from airport to hotel Yes No 19 EUR per way

Transport from hotel to airport Yes No 19 EUR per way

SUBTOTAL 4 (Ground transport): _____ EUR

7. EXCURSIONS - a minimum of 25 passengers is required to the excursion to take place..

<input type="checkbox"/>	Istria , April 15 –17, 2005	175 EUR per person	No. of persons _____
<input type="checkbox"/>	Dalmatia & Istria, April 15–21, 2005	545 EUR per person	No. of persons _____

SUBTOTAL 5 (Excursions): _____ EUR

GRAND TOTAL (Sum of subtotals 1-5 above): _____ EUR

8. PAYMENT DETAILS

THE TOTAL AMOUNT MUST BE PREPAID IN ORDER TO RECEIVE LETTER OF CONFIRMATION.
PAYMENT MAY BE MADE BY BANK TRANSFER, A PARTICIPANT'S CREDIT CARD, OR A THIRD PARTY CREDIT CARD.

Bank Transfer

All bank charges must be added to the total and covered by sender

ACCOUNT HOLDER: Event d.o.o., Andrijeviceva 12, 10 000 Zagreb, Croatia

BANK: Raiffeisenbank Austria d.d. Zagreb

ACCOUNT NO: 171012-978-229786 (for payments in EUR)

171012-978-229840 (for payments in USD)

ACCOUNT NO. 2484008-1100386134 (for payments in HRK from Croatia)

SWIFT: RZBHHR2X / THROUGH PNBUS3NNYC OR IRVTUS3N

- Please send via fax: + 385 1 370 30 92 a copy of your proof of payment, including your first name, surname and the indication **“Between the Aegean and Baltic Seas”**
- Kindly ensure that all information on the bank transfer document **is the same as on the Registration Form.**

Participant Credit Card -for security reasons , send registration form via fax.

Credit Card Please debit my credit card for the amount of: EUR

American Express MasterCard Visa Diners

Card Expiry Date: _____
Month Year

Name of Card Holder:
Please print as shown on card

Card number.....

Your signature: _____ **Date:** _____

Third Party Credit Card

Credit Card Please debit my credit card for the amount of : _____ EUR

American Express MasterCard Visa Diners

Card Expiry Date: _____
Month Year

Name of Card Holder: _____
Please print as shown on card

Card number _____

For the participation of : _____ **in the Between the Aegean and Baltic Seas congress**

Signature of the Card Holder : _____ **Date:** _____

8. CANCELLATION AND REFUND

Registration fee(s): no refund

Hotel in Zagreb: cancellation fee will not be charged if the reservation is cancelled before March 07, 2005, but an administration fee of 20 EUR will be charged

No show or cancellation after that date will incur a charge that is equivalent to one night's accommodation.

Excursion: in case of cancellation after March 15, 2005 20% of the total amount will be refunded.

All refunds will be handled after the end of the Congress.

I certify that I have read and understand all terms regarding registration as well as the cancellation policy, which I accept without any restrictions.

Signature: _____ **Date:** _____

PLEASE SEND THIS REGISTRATION FORM TO:

Event d.o.o.
Andrijevićeva 12
10 000 Zagreb
CROATIA
tel. 385 1 370 30 88
fax. 385 1 370 30 92

contact person: Ms Marijana Perinić
marijana.perinic@event.hr
www.event.hr



EMC, DMC & PCO CONSULTANTS