

EUROPEAN ACADEMY OF TEACHERS IN G/FP



HOTEL
RESERVATION
19th EURACT Bled Course
Bled, Slovenia
September 7 - 11, 2010

Miss. / Mrs./ Mr. _____

Phone _____ Fax _____

E-mail _____

Country _____

PERIOD ARRIVAL _____ **SEPTEMBER 2010**
DEPARTURE _____ **SEPTEMBER 2010**

Prices are valid per person and day. (Bed and breakfast with included tourist tax)

Type of rooms	Price	Single use	Your request
DOUBLE ROOM – STANDARD	46,00 €	+ 15 €	
DOUBLE ROOM – LAKE SIDE	51,00 €	+ 15 €	
OTHER TYPE OF ROOMS (ON REQUEST)			

Supplement for half board (dinner) is per person / day		ON REQUEST
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Information: Lunches on 7th, 8th, 9th, 10th September are paid by organization for all participants!

Notice: **This form use for room reservation** – for registration on course, please use registration form

Please send your reservation till 10th July 2010 directly to

Hotel Jelovica Bled, d.o.o. Cesta svobode 8, 4260 Bled – Slovenija.

Tel.: +386 (0) 4 5796 000 fax.: 386 (0) 4 5741 550

E-mail – sales department: prodaja@hotel-jelovica.si

Your comments: _____

Hotel confirmation and booking number: _____

Thank you for your reservation. We confirm the reservation for you. Best regards!

Date:

Signature:

Notice: _____

We look forward to your visit!

**19th EURACT Bled course for GP/FM teachers:
LEARNING AND TEACHING ABOUT THE
IMPACT OF MEDICALISATION IN GENERAL
PRACTICE/FAMILY MEDICINE
Bled, Slovenia, September 7th - 11rd 2010**

**PREREGISTRATION FORM for
EURACT Bled course**

Please e-mail, fax or mail to:

Mrs. Ana Artnak, Medicinska fakulteta,
Katedra za druzinsko medicino,
Poljanski nasip 58, p.o. Box 2218,1104 Ljubljana,
e-mail: euract_bled_course@yahoo.com, kdrmed@mf.uni-lj.si
phone: +386-1-43-86-915, fax: +386-1-43-86-910

A PARTICIPANT - Please print

<input type="checkbox"/>	Prof.	<input type="checkbox"/>	Dr.	<input type="checkbox"/>	Mr.	<input type="checkbox"/>	Ms.
<input type="checkbox"/>	EURACT Member						

Last Name:	First Name:				
Institution:					
E-mail:					
City:					
Tel:		Fax:			

B REGISTRATION (registration fee 300 EURO + V.A.T.)

<input type="checkbox"/>	Yes, I will participate in the 19th EURACT Bled course for GP/FM teachers and I want to receive further information regarding the course on the above address.
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D FORM OF PAYMENT

Hotels, shops and restaurants accept major credit cards All payments shall be made by bank transfer to NLB, d.d., Account Holder: Zavod za razvoj druzinske medicine, Poljanski nasip 58, 1000 Ljubljana, IBAN: SI56020450253583120, BIC or SWIFT: LJBASI2X, Communication: EURACT 2010 + NAME OF THE PARTICIPANT. You will receive a confirmation e-mail regarding the accommodation, registration and payment. Cancellations received before July 10th 2010, will be refunded minus bank charges. After this date no refunds can be made.

By signing this form I accept the terms. _____