



# 1st International Meeting of the Handball Team Doctors

Zagreb, Croatia, 30/01 - 01/02/09

Ban tours d.o.o.  
Kaptol 11, Zagreb, CROATIA  
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Fax: +385 1 48 14 677

Please use capital letters or staple a business card for all details.

## PARTICIPANT DETAILS:

Title	<input type="checkbox"/> Prof. <input type="checkbox"/> Dr. <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms.
LAST NAME / FAMILY NAME	
FIRST NAME:	
INSTITUTION / COMPANY:	
STREET / P.O. BOX:	
POSTAL CODE:	
CITY:	
COUNTRY:	
PHONE:	
FAX:	
EMAIL:	

## ACCOMPANYING PERSON:

Title	<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms.
LAST NAME / FAMILY NAME	
FIRST NAME:	

## REGISTRATION FEES

	Registration fees
doctors	350 EUR <input type="checkbox"/>
residents	250 EUR <input type="checkbox"/>
physiotherapists	250 EUR <input type="checkbox"/>
trainers	250 EUR <input type="checkbox"/>

Please note:  
All fees include 22 % VAT.  
Meeting badge and kit  
Admission to the scientific session  
Coffee breaks and lunch  
Transfers for the semifinal and final matches



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### TICKETS FOR THE SEMIFINAL AND FINAL MATCHES

All attendees and accompanying persons are entitled on special price for the matches; 30 EUR for semifinal and 35 EUR for final matches (normal price – 70 and 100 EUR)

Semifinal Matches - 30/01/09	30 EUR <input type="checkbox"/> Quantity: _____
Final Matches - 01/02/09	35 EUR <input type="checkbox"/> Quantity: _____

### TOURS

Sightseeing tour - 01/02/09	30 EUR <input type="checkbox"/> Quantity: _____
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### TRANSFERS

Airport - Hotel	22 EUR <input type="checkbox"/>
Hotel - Airport	22 EUR <input type="checkbox"/>

Please provide flight details:	Flight number: _____	Time of arrival: _____
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### ACCOMMODATION

Hotel Westin	SGL room <input type="checkbox"/> 400	DBL room <input type="checkbox"/> 450
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**All rates are quoted in EUR per room for 3 nights including breakfast and 10% VAT**

Date of Arrival	30/01/2009
Date of Departure	02/02/2009
No. of Nights	3
Sharing room with (if double)	

ALL EXTRAS (MINI-BAR, TELEPHONE, ROOM SERVICE ETC.) MUST BE SETTLED DIRECTLY WITH THE HOTEL UPON DEPARTURE.

BOOKING CONDITIONS: Please complete this form and return to BAN TOURS by January 15, 2009, if possible. After this date requests will be accepted, however hotels rooms are subject to availability and cannot be guaranteed;

CANCELLATION/CHANGE OF RESERVATION: Cancellations/changes must be notified in writing (email or fax) to BAN TOURS. Cancellations/changes made by phone cannot be accepted. Please do not contact the hotels directly as reservations are held by BAN TOURS. For hotel reservations cancelled before January 15, 2009 full deposit will be refunded less EUR 40. In case of no-show or later arrival or earlier departure other than reserved all nights as reserved will be charged.

#### PAYMENT CONDITIONS:

Payment can be made by a credit card or a bank transfer. Bank transfer will be accepted until January 15, 2009 only. Please do not complete the bank transfer before availability of requested room is confirmed. Please include your PRN as variable symbol to identify your payment. A full payment free of any bank charges must be received by BAN TOURS. All extras must be settled directly with the hotel upon departure. Credit card will be charged in Croatian Kunas (HRK) which may result in slightly higher charge than originally stated.



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## PAYMENT DETAILS

### By bank transfer:

Beneficiary to:	BAN TOURS d.o.o.
Bank:	HRVATSKA POŠTANSKA BANKA
IBAN:	HR18 2390 001 1100355519
SWIFT/BIC:	HPBZHR2X
Do not forget to include PRN into the payment	

Copy of the bank transfer must be sent along with the registration form.

I hereby accept all registration conditions of the Meeting and agree for the payment corresponding to my request.

### Payment for participants from Croatia only:

U korist:	BAN TOURS d.o.o.
Banka:	HRVATSKA POŠTANSKA BANKA
Žiro račun:	2390001-1100355519
Obvezno upisati poziv na broj	

### By credit card:

#### AMEX VISA MC/EC DINERS

Card Holder's name	
Card Number	
Expiration (MM/YYYY) must exceed 03/2009	
CVC code*	

\* Last 3 digits on the back of Visa/Mastercard, 4 on the front of AMEX

<b>TOTAL</b>	
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DATE

SIGNATURE