



DAYS OF ORIS

DUBROVNIK, 26. – 28. April 2013.

Valamar Lacroma Dubrovnik****

HOTEL RESERVATION FORM

Name and surnar	ne:							
Postal code:		С	ity:		Country	y:		
Phone:		F	ax:		e-mail:			
	Rate	s of packa	age are	in Croatian Ku	ına per p	erson:		
	[Valamar L	acroma l	Dubrovi	nik (4*)	
		Dou	ble for s	single use room	1		Double room	
Package	rate	1.	585,0)0 kn □		9	85,00 kn	
	cellation of rese cancelation or N	O SHOW r	nout pen	alties is possib ons hotel will ch			prior to arrival. d accommodation Departure	ı amount.
								_
	For double re	oom please	write both	n names and sur	names of t	the partic	ipants.	_
							. Hotel will not ch or credit cards.	narge the
Credit card	AMERICAN EX	(PRESS	D	INERS	MAS	TER	VISA	
Name and surname:						1		

Please send your form to:

Attn: Mrs. Ivana Balić

Credit card NO:

Valid:

E-mail: ivana.balic@babinkuk.com

Tel: + 385 20 448 237 Fax: + 385 20 448 444

We will confirm your reservation upon receiving your reservation form! Cut-off date is 15th April 2013.

CVC code: