



**REGISTRATION FORM FOR THE
8th OTMC International Conference - Organization, Technology and
Management in Construction**

Umag, 17 - 20 September 2008

1. PARTICIPANT'S DETAILS

Please use **BLOCK LETTERS** when completing this form and send it by **E-mail: OTMCumag2008@event.hr** or by fax: + 385 1 481 2277 or in mail: **Globtour Event, Preradovićeva 14, 10 000 Zagreb, Croatia**

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

2. ACCOMPANYING PERSON DETAILS

1. Family name:	First Name:
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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

CATEGORIES OF ATTENDANCE:	<u>Until July 31st</u>	<u>From August 1st</u>
Conference Fee (foreign participants)	<input type="checkbox"/> 180,00 EUR	<input type="checkbox"/> 250,00 EUR
Fee for accompanying person	<input type="checkbox"/> 150,00EUR	<input type="checkbox"/> 150,00 EUR

4. SOCIAL EVENTS / MEALS

KINDLY CONFIRM YOUR PARTICIPATION IN:

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

Welcome reception	Included in Conference fee(s)	No of persons: _____
Gala dinner	Included in Conference fee(s)	No of persons: _____

Special dietary requirements: _____

5. ACCOMMODATION

Prices are per person per night, including breakfast and lunch. Kindly mark the preferred room type.

Hotel	Single room	Double room-solo use	Double room
Hotel Sol Aurora****	<input type="checkbox"/> EUR 56,00	<input type="checkbox"/> EUR 66,00	<input type="checkbox"/> EUR 42,00

*only 30 single rooms are available

*in case of less than 3 overnights additional 20% will be charged

*prices don't include city tax, EUR 1,00 per person per night

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

Person sharing my room / if in double room _____

Special request _____

6. CANCELLATION AND REFUND

Registration policy:

In case of cancellation processing fee of EUR 20,00 will be charged, per cancellation.

After September 1st there will be no refund.

Hotel and other policy:

No cancellation fee will be charged if the reservation is cancelled before September 10th

Cancellation after September 10th or "no show" will incur a charge that is equivalent to one night's accommodation.

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

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:

Globtour Event d.o.o.
Preradovićeva 14
10 000 Zagreb - CROATIA
Tel + 385 1 4881 113
Fax +385 1 4881 119
OTMCUmag2008@event.hr

7. PAYMENT DETAIL

REGISTRATION FEE MUST BE PREPAID IN ORDER TO RECEIVE CONFIRMATION.
ACCOMMODATION CAN BE PAID IN ADVANCE OR AT THE RECEPTION DESK OF THE HOTEL.
PAYMENT MAY BE MADE BY BANK TRANSFER, PARTICIPANT'S CREDIT CARD, OR THIRD PARTY CREDIT CARD.

Bank Transfer

All bank charges must be added to the total and covered by sender
ACCOUNT HOLDER: Globtour Event, Preradovićeva 14, 10 000 Zagreb, Croatia
BANK: Raiffeisenbank Austria d.d. Zagreb

ACCOUNT NO. 2484008-1100386644 (for payments in HRK from Croatia)
ACCOUNT NO: 2484008-1500160396 (for payments in EUR from other countries)
SWIFT: RZBHHR2X
IBAN: HR62 2484 0081 5001 6239 6

- Please send via fax: + 385 1 4881 119 a copy of your proof of payment, including your first name and surname
- Kindly ensure that all information on the bank transfer document **is the same as on the Registration Form.**

Participant Credit Card

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

- American Express MasterCard Visa Diners

Card Expiry Date: ____/____
 mm/yy

Name of Card Holder:

.....
Please print as shown on card

Card number

Your signature: _____ **Date:** _____