

ANNEX 2



13th OSCE Ministerial Council Meeting
Ljubljana, Slovenia, 5 - 6 December 2005

Please send this reservation form to:



KOMPAS
Kompas d.d.
Pražakova 4
1514 Ljubljana
Phone: +386 1 2006 313
Fax: +386 1 2006 436
e-mail: osce2005@kompas.si
<http://www.kompas-online.net>

Deadline for reservation:
October 28, 2005



CC: Government of the
Republic of Slovenia
Public Relations and Media Office
Phone: +386 1 478 26 06
Fax: +386 1 251 23 12
e-mail: natasa.marvin@gov.si
<http://www.uvi.si>

JOURNALISTS HOTEL BOOKING FORM

PERSONAL DETAILS:



Mr



Ms



Mss

First name: _____

Last name: _____

Position/Title: _____

Mailing address: _____

 Postal Code:

 City:

 Country:

 Phone:

 Fax:

 e-mail:

ARRIVAL / DEPARTURE DETAILS:

Means of transport.

**Flight No.
Date
Time**

ARRIVAL



By plane



By train



By car

DEPARTURE



By plane



By train



By car

HOTEL RESERVATION:

Date of arrival: | | | | | | | | (ddmmyy)

Date of departure: | | | | | | | | (ddmmyy)

Please choose the Hotel and the room type. All rates are per room per night, in **EUR**, including breakfast and VAT.
Hotel accommodation can only be guaranteed if reservation form is received before October 28.

*Name
Location
Single room*

Double room
 Double room
 single use
 Executive
 room
 Junior
 suite
 Senior
 suite

M-hotel ***

2.5 km / 15 min



88



121



100

PARK **

1.2 km / 12 min



53



70



53

Hotel Ljubljana Resort***

4 km / 20 min



68



95



84

H. VILA **** BLED

50 km / 1h



130



170

ACCOMPANYING PERSON / SHARING DOUBLE:

First name: _____

Last name: _____

BOOKING:

Hotel rooms and suites will be allocated on a first-come, first-served basis.

Please return this reservation form before October 28, 2005, after this date there is less chance of availability in the requested hotels.

If there are no more vacancies in the category of your choice, we will do our best to find an alternative. Please indicate your alternative choice:

Hotel 2nd choice: _____

Your hotel reservation will be confirmed within 2 weeks after receipt. For any other requirements regarding accommodation please contact Kompas.

PAYMENT:

Payment of the hotel accommodation will be made directly to Kompas d.d., either by bank transfer or by credit card and should be free of any bank charges. After receiving your accommodation form you will get the notification of hotel reservation together with the invoice for hotel payment. The final confirmation letter will be sent upon the receipt of payment.

CANCELLATION:

All cancellations must be sent in writing to **Kompas d.d.**, by fax or e-mail.

Please note that all cancellations will be charged an administrative fee of EUR 20 before October 28, 2005. After this date the fee of one room night will be charged. For no-show participants the first night will be charged. All refunds will be made after the meeting.

MODE OF PAYMENT:**Bank transfer information:**

Click here for swift payment

Bank transfers must be made to:

A Banka d.d. Slovenska 58

1517 Ljubljana Slovenia

IBAN code: SI56 05100 - 8000029771

SWIFT No.: ABANSI2X

ID No.: SI28865360

Key word: OSCE-1304

Beneficiary: **Kompas d.d.**

Pražakova 4

SI-1514 Ljubljana, Slovenia

Please remember to add bank charges.

Please charge my credit card: 



American Express



Visa



Master Card

Credit card details:

CCV Nr: | | | | | | | | | | | | | | | |

Expiry Date: | | | | | Owner's Name: _____

Incomplete forms without a valid credit card no., and signature will not be processed.

The undersigned agrees with the above general hotel booking conditions.

Date: | | | | | | |

Signature: _____