# INCLUSION EUROPE 2013

## Hear our voices

4-6 October 2013, Zagreb, Croatia

Inclusion Europe

# Registration Form

Please, fill in this registration form with Capital Letters:

**Your personal information:**

You are: ☐ a self-advocate ☐ a supporter

You are attending just the first day event ☐

You are attending the full event ☐

Your Name:_____ Your Surname:_____

Your Address:_____

_____

Postal Code of your city:_____Name of your City:_____

Country:_____

Your E-mail:_____

Your phone number: _____Your Fax number: _____

Where do you want us to send you the invoice?

☐ to the address above

☐ to a different address :_____

**Your registration for the conference:**

If you are from Croatia and register before 31 August, you pay 80 euro.
Tick this box, if you are registering before 31 August. ☐

If you are from Croatia and register from 1September to 3October, you pay 85 euro.
Tick this box, if you are registering after 1September and before 3 October. ☐

If you are from Croatia and come to the conference without registering, you pay 90 euro.

If you cancel by the 31st of August you will get half of your money back.
We cannot give you your money back if you cancel after 1 September.

If you are from a country other than Croatia and register before 31 August, you pay 125 euro.
Tick this box, if you are registering before 31 August. ☐

If you are from a country other than Croatia and register from 1 September to 3 October, you pay 130 euro.
Tick this box, if you are registering after 1 September and before 3 October. ☐

If you are from a country other than Croatia and come to the conference without registering, you pay 135 euro.

If you cancel by the 31st of August you will get half of your money back.
We cannot give you your money back if you cancel after 31 August.

Tick this box if you are attending lunch on October 4th ☐

Tick this box if you are attending lunch on October 5th ☐

Tick this box if you are attending lunch on October 6th ☐

## Booking the hotel

In which hotel do you want to stay?

☐**HOTEL DUBROVNIK4***(VENUE HOTEL) Single room 82Euro
Double room 112 Euro

☐**HOTEL WESTIN 5*** Single room 135 Euro
Double room 155 Euro

☐**HOTEL JADRAN3*** Single room 60Euro
Double room 74 Euro

☐**HOTEL LAGUNA3*** Single room 43Euro
Double room 64 Euro

If you need and accessible room, you can choose hotel Westin or hotel Laguna. Hotels Dubrovnik and Jadran do not have accessible rooms.

What kind of room do you want? Single ☐ Double ☐

Do you need a room that is wheelchair accessible?

☐ Yes ☐ No

What date do you arrive? _____What date do you leave? _____

How many nights will you stay at the hotel?_____

The price of your stay in the hotel is _____Euro.

How will you pay for the hotel?

☐ I will pay by bank transfer.

If you choose bank transfer we will send you an invoice to the address you gave us.

☐ I will pay by credit card.

What kind of credit card do you have?

☐VISA ☐MASTERCARD ☐AMEX

Please fill in the information on the card

Person's name:_____

Card Number:_____

CVC/Cvv Number: _____

Vaild until: Please, write the day, month and year_____

Your Signature:_____

Date:_____

When you sign this form, it means you agree that
we take the cost of the hotel and conference fee off your credit card.

Please, fill in this form and send it by e-mail or fax to Ana Jurasic from Penta.

Fax number: +385 /0/1 45 53 284

Email: ana.jurasic@penta-zagreb.hr