

ICOSECS 5 - HOTEL RESERVATION FORM

September 10-14, 2006, Ohrid

ACCOMMODATION

First name: _____

Family name: _____

Institution: _____

Position: _____

Address: _____

Phone: _____ Fax: _____

E-mail _____

Arrival Date: _____

Departure date: _____

Hotel:

I would like to be accommodated in:

- Hotel “ _____ ”

Single room

Double room

(Please check the appropriate box)

The payment should be made on the same bank transfer number as on the one for the registration fee:

SOJUZ NA HEMICARI I TEHNOLOZI NA MAKEDONIJA
ACC. NO. 0270100104927
S.W.I.F.T. KOBSMK 2X
Komercijalna banka AD Skopje
Kej Dimitar Vlahov 4
1000 Skopje, Republic of Macedonia

Date:

Signature:

**Please fill in before 30.07.2006 and send by e-mail, mail or fax to the Society of Chemists
and Technologists of Macedonia
Faculty of Technology and Metallurgy
16 Rudjer Boskovic, 1000 Skopje
Republic of Macedonia**

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