



REGISTRATION FORM

Please complete one form for each person and return them to Mrs Aldijana Ahmetović by 31 March at the latest, by email at aes.slovenia2017@ds-rs.si.

| PERSONAL INFORMATION | |
|--|-----------|
| □ Mr | □ Ms |
| \square Head of delegation (please tick if app | olicable) |
| FAMILY NAME: | |
| | |
| TITLE: | |
| TELEPHONE: | EMAIL: |
| ACCOMPANYING PERSON | |
| FAMILY NAME: | |
| | |
| HOTEL ACCOMMODATION | |
| NAME OF HOTEL: | |
| CHECK-IN AND CHECK-OUT DATES: | |
| FLIGHT INFORMATION | |
| ARRIVAL DATE AND TIME: | |
| FLIGHT NUMBER: | |
| | |
| FLIGHT NUMBER: | |

| EVENT PARTICIPATION (please tick the events you wish to attend) |
|---|
| Thursday 1 June 2017 |
| □ 3.15 pm: Seminar |
| □ 7.00 pm: Dinner |
| Friday 2 June 2017 |
| ☐ 12.30 pm: Lunch |
| TRANSPORT (please tick the bus journeys you wish to make) |
| Thursday 1 June 2017 |
| □ 1.00 pm Ljubljana–Brdo |
| □ 10.00 pm Brdo–Ljubljana |
| Friday 2 June 2017 |
| □ 8.00 am Ljubljana–Brdo |
| □ 4.15 pm Brdo–Ljubljana |
| OTHER INFORMATION |
| DIETARY REQUIREMENTS: |
| ADDITIONAL TRANSLATION BOOTH: |
| OTHER INFORMATION: |
| CONTACT PERSON |
| FAMILY NAME AND FIRST NAME: |
| FUNCTION: |
| TELEPHONE: |
| EMAIL: |