

HOTEL RESERVATION FORM FOR ESOPS 18	
HOTEL:	
Room Type (single or double):	Number of Nights:
Arrival Date:	Departure Date:
Family Name:	Given Name:
Institution:	
Mailing Address/City/Country/Zip Code:	
Phone:	Fax (obligatory):
E-mail:	
Accompanying person:	
Comments:	
PLEASE MARK YOUR PAYMENT OPTION:	
CREDIT CARD PAYMENT	
AMEX	DINERS
VISA	MASTERCARD
Cardholders Name:	
Credit Card Number:	
Expiry Date:	
Cardholders Signature:	
BANK TRANSFER PAYMENT	
ILMO TURIZAM, Account no.2390001-1100014575	
Hrvatska poštanska banka., Jurišićeva 4, 10000 Zagreb,Croatia	
Swift code: HPBZHR2X; IBAN: HR 12 2390001-1100014575	
Specify: ESOPS 18 – your name. Please, fax a copy of the voucher	

Please, note that our cancelation policy is free of charge if reservation is cancelled

10 days prior to arrival. Within 7 days we will charge you one night stay.

ILMO TURIZAM, Pantovčak 9, 10000 Zagreb, Croatia

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