**SEMINAR REGISTRATION and ACCOMMODATION-RESERVATION FORM**

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| --- | --- | --- | --- | --- | --- | --- |
| First name and surname | Vegetarian? Intolerance? | Hotel ReservationY/N \*\* | Estimated arrival time | Room(single –double - three) | Male/Female | Sharing the room with\* |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

**Notice:**

\*\* If answered “N” do not need to fill next four columns

\*Single rooms are available only in limited numbers.Therefor it can be necessary to share a two or three bed room with other archer(s).

For better organization please fill in with whom you prefer to share the room.