**SEMINAR REGISTRATION and ACCOMMODATION-RESERVATION FORM**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| First name and surname | Vegetarian? Intolerance? | Hotel Reservation  Y/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.