



November 15 – 17, 2006, MONS hotel, Ljubljana, Slovenia

Please complete and return this form and payment to:

AUDITORIA d.o.o.

Tržaška 286d, SI-1000 Ljubljana, Slovenia

T: +386 1 2445 676, F: +386 1 2445 675

E: karin.keber@auditoria.si

**Online registration: [www.drustvo-dpgk.si](http://www.drustvo-dpgk.si)**

## REGISTRATION FORM

Mr.     Mrs.     Dr.     Prof.

First name

Family name

Position

Company/Institution

Address

Postcode

City

Country

Phone

Fax

E-mail

### REGISTRATION FEES

Early registration fee    Payment before/on September 30, 2006    300 EUR

Late registration fee    Payment after September 30, 2006    350 EUR

Please note:    VAT (20%) is included in the registration fee.  
In case of cancellation no refund will be given.

### HOTEL ACCOMMODATION

I would like to stay in hotel MONS in:

Single room    112 EUR

Double room    135 EUR    Sharing with:

Check-in date:

Check-out date:

No. of nights:

Hotel accommodation and possible extras should be paid upon check-out to the hotel directly.

Organizer

**Society for underground  
and geotechnical  
constructions**

Under the patronage of  
**University of Ljubljana**

For technical questions  
or organizational queries  
please refer to the technical  
organizer:

**Hotel Mons – Hotel & Con-  
gress Centre**

Pot za Brdom 55, SI-1000  
Ljubljana, Slovenia  
fax +386 1 47 02 708  
[www.hotel.mons.si](http://www.hotel.mons.si)

**Mr. Samo Čede**

phone +386 1 47 02 724  
[samo.cede@hotel.mons.si](mailto:samo.cede@hotel.mons.si)

**Auditoria d.o.o.**

Tržaška 286d, SI-1000  
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phone +386 1 2445 676,  
fax +386 1 2445 675  
[karin.keber@auditoria.si](mailto:karin.keber@auditoria.si)



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First/Family name of the participant:

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**TERMS OF PAYMENT:**

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Payments - without any charges to the beneficiary - can be made:

by bank transfer:

Bank: Abanka Vipava d.d.,

Bank address: Slovenska 58, Ljubljana, Slovenia,

Account name: Auditoria d.o.o, Ljubljana,

Account number: 27620-5447232,

IBAN: SI56051008010097013,

SWIFT CODE: ABANSI2X,

with notification: All payments should have the notification "ICTCUS 2006"

Please note: All payments should clearly state the participant's name(s).

by Credit Card:

Please charge the registration fee in amount of \_\_\_\_\_ EUR to my credit card:

Eurocard/Mastercard     Visa     American Express     Diners

Credit Card No.:

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Control No. (Visa & Eurocard/Mastercard):

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Expiry Date:

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Name of Credit Card Holder:

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Address stated for the Credit Card:

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I agree to my Credit Card number being noted by the hotel as guarantee. The card will be charged only in the case of a no show or late arrival.

Signature:

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Date:

---

Date:

---

Signature:

---

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