

# I. REGISTRATION FORM



## Rotary Institute Zone 20B – Sofia, Bulgaria 2010

**Please Register by fax :** +359 2 9461084; +359-2-94610 85; +359-2-94452 71; +359-2-94452 72  
**e-mail :** [hinov@kim2000.bg](mailto:hinov@kim2000.bg)  
**www.sofiainstitute2010.org**

Mr. Ms. Surname: \_\_\_\_\_ First Name: \_\_\_\_\_ Badge Name: \_\_\_\_\_

Office held:  RIP  RID  DG  PDG  DGE  DGN  Other \_\_\_\_\_

Year on Duty : \_\_\_\_\_ Rotary Club \_\_\_\_\_ District: \_\_\_\_\_ Classification: \_\_\_\_\_

Are you Major Donor or Arch Klumph Society Member? \_\_\_\_\_

Accompanied by:  Mr.  Ms. Surname: \_\_\_\_\_ First Name: \_\_\_\_\_

Badge Name: \_\_\_\_\_ Rotary Club ( If Rotarian ) : \_\_\_\_\_

Address: \_\_\_\_\_

Postal Code: \_\_\_\_\_ City: \_\_\_\_\_ Country: \_\_\_\_\_

Phone : \_\_\_\_\_ Fax : \_\_\_\_\_ E-mail : \_\_\_\_\_

Language Preference: Participant:  English  French Spouse:  English  French

Emergency Contact during the meeting (Name and Phone, incl. codes) \_\_\_\_\_

Special Needs: I/My guest requires special accommodation (*check all that apply*)  Wheelchair (specify **below** if bringing your own)

Braille materials  Assisted listening devices  Other (*please specify*): \_\_\_\_\_

Dietary Needs: I/My guest special accommodation (check all that apply)  Allergies  Vegetarian  Diabetic

Halal  No red meat/pork  No shellfish/seafood  Other (*please specify*): \_\_\_\_\_

Registration Fee Per Person	Date 1-5 December	Registration Fees	Persons	Total
<b>A. GETS – Governor-elect Training Seminar</b>	<b>1-2 December</b>			
Governor-elect Training Seminar-Rotarian	1-2 December	€ 195		€
Governor-elect Training Seminar-Spouse	1-2 December	€ 115		€
Luncheons	1-2 December	Incl.		-----
Welcome Cocktail	1 December	Incl.		-----
Joint TRF Dinner	2 December	€ 20		€
<b>B. Regional Rotary Foundation Seminar</b>	<b>2 December</b>			
Regional Rotary Foundation Seminar-Rotarian	2 December	€ 30		€
Regional Rotary Foundation Seminar-Spouse	2 December	€ 20		€
TRF Dinner	2 December	€ 30		€
<b>C. Rotary Zone Institute</b>	<b>3-5 December</b>			
Zone Institute – Rotarian	3-5 December	€ 180		€
Zone Institute – Spouse	3-5 December	€ 80		€
Welcome Reception	3 December	Incl.		-----
Luncheon	3-5 December	Incl.		-----
Gala Dinner	4 December	€ 40		€
Excursion in Historic Sofia	5 December	Incl.		-----
( All rates include VAT )	<b>REGISTRATION TOTAL</b>			€

**INSTITUTE PARTICIPANTS are invited to excursion in the historic beauties of the city by the RC of .....on 05 December. Vouchers will be delivered only to the PARTICIPANTS who REGISTER TO THE INSTITUTE.**

**Cancellation policy:** All registration cancellations must be sent latest by email or fax until 5<sup>th</sup> November 2010. For any later date, €50,- fee will be charged to cover handling costs. No refund will be made after 20<sup>th</sup> November 2010. Registrations are not transferable to other participants. Registration implies acceptance of all terms and conditions.

## II. HOTEL ACCOMMODATION FORM

Please fill in this form and return it before 05<sup>th</sup> November 2010 (after this date rooms can only be reserved on availability).

Mr.  Ms. Surname: \_\_\_\_\_ First Name \_\_\_\_\_

Hotels available	Location	Single Room €	Double Room €	Suite €
<b>Government Residence "Boyana"</b>	<b><u>GETS and Institute venue</u></b>	70	85	120
Kempinski Hotel Zografski *****	15 min by car from Institute venue	70	85	-----
Hemus Hotel ***	20 min by car from Institute venue	30	40	-----
Moskva Park Hotel ***	25 min by car from Institute venue	30	40	-----

Please indicate your preference of the hotel on the next table. Room rates include VAT and breakfast.

### Hotel Reservation

One Room for Single Use    One Room for Double Use    One Suite for Single Use, for total .....nights.

Arrival Date : .....at .... Departure Date : .....at.....

Hotel Choice	1 <sup>st</sup> Choice	2 <sup>nd</sup> Choice	3 <sup>rd</sup> Choice	4 <sup>th</sup> Choice
Government Residence "Boyana"	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kempinski Hotel Zografski	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hemus Hotel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Moskva Park Hotel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

1. Please indicate your choice of hotel. In case of full occupancy, best available hotel at similar quality will be reserved.
2. Credit Cards will be charged only for reservation according to your hotel booking.

### III. REGISTRATION AND HOTEL DEPOSIT

In addition to registration fee, the credit card will only be charged in case of hotel cancellation or no-show.

Eurocard / Mastercard

Visa

Card number:

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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CVC Code of card:

<input type="text"/>	<input type="text"/>	<input type="text"/>
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Valid thru: \_\_\_\_\_

(the **LAST 3 DIGITS** of the number on the **BACK** of your **CREDIT CARD**)

Name as it appears on the card: \_\_\_\_\_

Cardholder's Signature: \_\_\_\_\_

I, the undersigned, authorize the Organizing Committee to give to the selected hotel the information on this form, including my credit card information. I read and I agree on the terms and conditions of the registration, hotel reservation and cancellation policy.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

Registration and hotel reservation confirmation will be sent upon receipt of your payment.