

REGISTRATION FORM

1st INTERNATIONAL SKI ACADEMY ROGLA 17th – 22nd MARCH 2013

University of Ljubljana, Faculty of Sport
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I plan to participate on »1st INTERNATIONAL SKI ACADEMY ROGLA « and would like to ask for registration.

Last name, first name: _____

E-mail: _____

Institution: _____

Address/ phone: _____

Tax number of the institution: _____

Accompanying person

YES

Please, indicate your choice with an X

NO

Please, indicate your choice with an X

Last name, first name accompanying person: _____

E-mail: _____

Institution: _____

Address/ phone: _____

Tax number of the institution: _____

Room booking

Single room

Please, indicate your choice with an X

Double room

Please, indicate your choice with an X

Date and Signature