



**10th EUROPEAN CONFERENCE OF MEDICAL
AND HEALTH LIBRARIES**
Cluj-Napoca, ROMANIA, 11th-16th of September
2006

FLIGHT FORM (to be faxed to NATURA TRAVEL: +40 264 430 911 or +40 264 450 223)

PERSONAL INFORMATION

*TITLE Mr. , Mrs. , Ms. , Dr. , Prof. , No title, thank you

*SURNAME (Family Name).....

*FIRST NAME.....

*ORGANISATION.....

*ADDRESS.....

* CITY.....

*Postcode.....

*COUNTRY

* TELEPHONE (Please include country code)

* FAX.....

MOBILE

*E-MAIL.....

*Accompanying Person Yes No

Name of Accompanying person.....

Flights required:

*Date of Outgoing Flight.....

*From which airport.....

*To which destination.....

Via.....

*Date of Return Flight.....

*From which airport.....

*To which destination.....

Via.....

Special needs for yourself and/or accompanying person

(e.g. vegetarian, vegan, disability, other needs)

.....
.....

If Tickets to be sent please state mailing address

Name:

Address:

Town:

Postcode:

Country:.....

Post/Zip code:.....

Payment Methods **Bank transfer** **Credit Card**

If Payment is by credit card please complete the following information requested below:

Visa Mastercard

Name as it appears on card.....

Card Number

Expiry Date

Security Code

TOTAL to be charged to Credit Card

BANK TRANSFER

Name of Account: Natura Travel
Bank: ING BANK CLUJ BRANCH
Account No: RO91 INGB 0003 0081 4329 0712
Bank's address: Str. MOTILOR nr. 6 – 8
 400001 CLUJ NAPOCA
SWIFT CODE: INGBROBU

(All bank charges/commission must be supported by participant)

If payment is by Bank Transfer please remember to fax to
Natura Travel Agency a copy of the bank receipt attached with the registration form to FAX
Number: +40 264 430911 or 450223

Travel Agency : **NATURA TRAVEL**

Address: Str. IULIU MANIU No.5
 400095 CLUJ- NAPOCA
 ROMANIA

Tel/Fax: + 40-264-430 911
 + 40-264-450223

Mobile: + 40-723-155 667

Email: naturatravel@cluj.astral.ro

Signature,