



Last name _____ First name _____

Address _____

ZIP Code _____ City _____ Country _____

Tel: _____ Email _____

INFORMATION FOR RECEIPT (ONLY IF DIFFERENT FROM ABOVE)

Company/Club name _____

Address _____

ZIP Code _____ City _____ Country _____

VAT Number _____

Participating fee is 160 € (180 € if payment later than April 20th 2010)

Price includes: Clinic participation, two lunches, coffee breaks, promotional materials, Gold Medal Squared T-Shirt and Gold Medal Squared clinic notes

Your T-Shirt size: **S M L XL XXL (mark)**

BANK TRANSFERS

- **Account name:** Luka Slabe s.p.
- **Address:** Soncni Log 3a, 1370, Logatec, Slovenia
- **Bank Name:** Nova Kreditna Banka Maribor
- **SWIFT Code:** KBMASI2X
- **Account Number:** 0486 0011 3122 463
- **Purpose of payment:** Clinic participation

**THIS is a SIGN UP SHEET. Please fill out and send together with prove of payment
VIA FAX: (386) 2 22 82 496**

CANCELLATION POLICY

Upon cancellation before **April 30th 2010**, guest is entitled to a full refund. There is a 30% cancellation fee if cancellation occurs after April 30th 2010.

Date: _____ **Signature:** _____