GENERAL INFORMATION NOTE

ANNEX II

PARTICIPATION FORM

1. PARTICIPANT’S DETAILS

- Country ........................................................................
- Organisation ................................................................
- Department ...................................................................
- Family name (in block letters) ...........................................
- First name (Mr/Mrs/Ms/Prof/Dr) .......................................
- Official title ....................................................................
- Office address ..................................................................
- Office address ..................................................................
- Telephone number ..........................................................
- Fax number .....................................................................
- E-mail address ..................................................................

2. ACCOMPANYING PERSON’S DETAILS

- Family name (in block letters) ..........................................
- First name (Mr/Mrs/Ms) ..................................................
3. TRAVEL DETAILS

<table>
<thead>
<tr>
<th>Place and date of arrival</th>
<th>Time of arrival</th>
<th>Carrier and Flight number/Train #</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Place and date of departure</th>
<th>Time of departure</th>
<th>Carrier and Flight number/Train #</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

The participation form is to be completed on behalf of each member of each participating delegation. Once completed, it should be sent to each of the following addresses:

**Ministry of Sport and Tourism of Republic of Poland**
Mr. Rafal Wilczkowski  
Head of Promotion and International Affairs in Tourism, Tourism Department  
Tel.: +48 22 2443-195  
Fax: +48 22 2447-301  
Email: rafal.wilczkowski@msport.gov.pl  
Website: www.msport.gov.pl

**World Tourism Organization - UNWTO**
Ms. Matilde Duran  
Senior Programme Assistant  
Regional Programme for Europe  
Tel. 34-91-567 8210  
Fax. 34-91-571 3733  
Email: mduran@unwto.org
| Family name: __________________________ | First name: __________________________ |
| Company: __________________________________________ |
| Tel: __________________________ Fax: __________________________ E-mail: __________________________ |
| Arrival date: __________________________ Departure date: __________________________ |
| City*: __________________________ Zip Code*: __________ |
| Country*: __________________________ |
| Nationality*: __________________________ Date of Birth*: __________ |
| Passport No.: __________________________ Date of issue:*: __________ Expiry date:*: __________ |
Please kindly indicate type of room, total number of rooms and nights required

<table>
<thead>
<tr>
<th>Room Type</th>
<th>Special Rates</th>
</tr>
</thead>
<tbody>
<tr>
<td>Single room</td>
<td>420 PLN</td>
</tr>
<tr>
<td>Double room for sole occupancy</td>
<td>455 PLN</td>
</tr>
<tr>
<td>Double room</td>
<td>490 PLN</td>
</tr>
<tr>
<td>Double room with separate beds</td>
<td>490 PLN</td>
</tr>
<tr>
<td>Superior</td>
<td>585 PLN</td>
</tr>
<tr>
<td>Junior Suite</td>
<td>630 PLN</td>
</tr>
</tbody>
</table>

All prices are quoted in PLN
All mentioned rates include VAT and breakfast.

Room type: ____________________________

Total nights: ____________________________  No. of rooms: ____________________________

Rates are quoted per room, per night, include costs of buffet breakfast and VAT.

Please indicate the method of payment and guarantee reservation with credit card details:

Credit card name: ____________________________  Number: ____________________________

Expiry date: ____________________________  Signature: ____________________________
ANNEX III /B

HOTEL RESERVATION FORM – DIAMENT HOTEL KATOWICE

FIFTY-SECOND MEETING
OF THE UNWTO COMMISSION FOR EUROPE (CEU)
AND SEMINAR ON
“INDUSTRIAL HERITAGE IN TOURISM POLICIES FOR SUSTAINABLE DEVELOPMENT”

KATOWICE AND ZABRZE (REPUBLIC OF POLAND), 12-15 APRIL 2011

RESERVATION FORM

52nd Meeting of the UNWTO Commission for Europe
Katowice, Poland April 12-15, 2011

CODE: GALOP

In order to book a room at DIAMENT HOTEL KATOWICE, please complete the details below and fax or e-mail the form to:
DIAMENT HOTEL KATOWICE (3-star)
Fax: +48 32 253 90 43
E-mail: katowice@hoteldiament.pl
Tel.: +48 32 253 90 41

Family name:_________________________ First name:_________________________

Company:_____________________________________________________________

Tel:____________________ Fax:____________________ E-mail:________________

Arrival date:_________________________ Departure date:_____________________

City* ___________________________ Zip Code* __________
Country* __________________________

Nationality* ______________________ Date of Birth* __________
Passport No:* ______________________ Date of issue:* __________ Expiry date:* ______


Please kindly indicate type of room, total number of rooms and nights required

<table>
<thead>
<tr>
<th>Room Type</th>
<th>Special Rates</th>
</tr>
</thead>
<tbody>
<tr>
<td>Single room</td>
<td>195 PLN</td>
</tr>
<tr>
<td>Double room for sole</td>
<td>230 PLN</td>
</tr>
<tr>
<td>occupancy</td>
<td></td>
</tr>
<tr>
<td>Double room</td>
<td>260 PLN</td>
</tr>
<tr>
<td>Superior “STUDIO”</td>
<td>360 PLN</td>
</tr>
</tbody>
</table>

All prices are quoted in PLN
All mentioned rates include VAT and breakfast.

Room type: __________________________

Total nights:__________________________    No. of rooms:_________________________

Rates are quoted per room, per night, include costs of buffet breakfast and VAT.

Please indicate the method of payment and guarantee reservation with credit card details:

Credit card name:_______________________ Number:__________________________

Expiry date:___________________________ Signature:__________________________
CANCELLATION POLICY

• One night's room revenue will be charged for each room cancelled after April 4, 2011.

• For any cancellations made later than the day before the start of your reservation, the amount equal to 100% of your total reservation will be charged.

• For any "no shows", the amount equal to 100% of your total reservation will be charged.

DEADLINE FOR HOTEL RESERVATION

DEADLINE FOR RESERVATIONS IS APRIL 3, 2011. After this date all unsold rooms will be released and additional reservations will be subject to availability.

Hotel Reservations are to be made directly to the Monopol Hotel Katowice or Diament Hotel Katowice (with a copy to the Ministry of Sport and Tourism of Poland). The Hotel Reservation Form is to be completed on behalf of each member of each participating delegation and sent to:

Ministry of Sports and Tourism of Republic of Poland
Mr. Rafal Wilczkowski
Head of Promotion and International Affairs in Tourism, Tourism Department
Tel.: +48 22 2443-195
Fax: +48 22 2447-301
Email: rafal.wilczkowski@msport.gov.pl
Website: www.msport.gov.pl

Monopol Hotel Katowice
Email: monopol@hotel.com.pl
Fax: +48 32 782 82 83

Diament Hotel Katowice
Email: katowice@hoteldiament.pl
Fax: +48 32 253 90 43