 

ACCOMMODATION APPLICATION FORM

Please complete all sections of this form very clearly. Please mark the Boxes with X as appropriate.

|  |  |
| --- | --- |
| Surname |  |
| First name/s |  |
| Sex  | [ ]  Male[ ]  Female |
| Date of Birth |  |
| Place of Birth |  |
| Nationality |  |
| Address for correspondence |  |
| E-mail address |  |
| Date of arrival |       |
| Date of departure |       |

When you have completed this form please return to:

**E-mail:** lucia.noskovicova@minv.sk