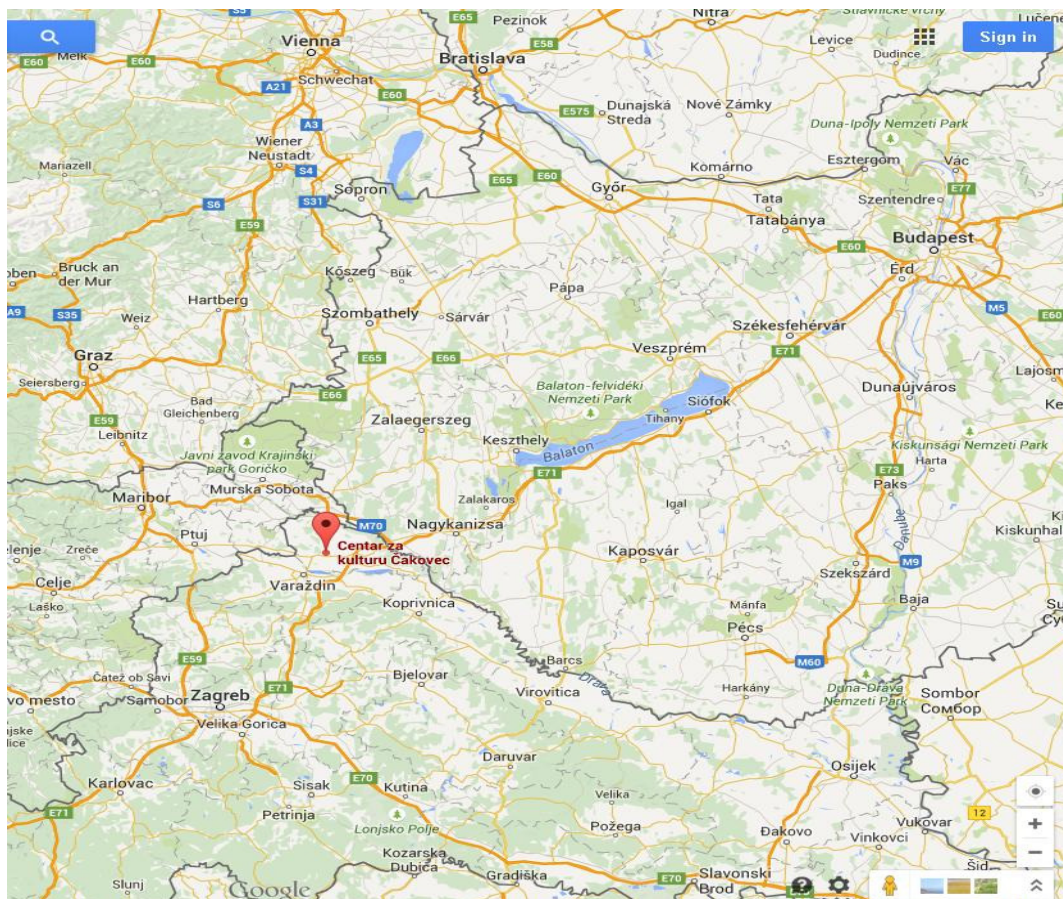


TECHNICAL INFORMATION
TO THE
CLOSING/ OPENING CONFERENCE
in ČAKOVEC (HR) on 10 September 2015
OF THE
HUNGARY – CROATIA
CROSS-BORDER CO-OPERATION PROGRAMME
2007-2013/ 2014-2020

TRAVEL ARRANGEMENTS

Čakovec is easy to access from both Hungary and Croatia. If you travel from other European directions, Čakovec is easily reached via airports in Zagreb and Budapest, or other neighbouring countries.



For the other travel directions to Čakovec (HR) please check internet links: (<http://maps.google.com/>).

VENUE

Venue: Centar za kulturu, Trg Republike 3, HR- 40 000 Čakovec, Croatia



Conference: Centar za kulturu, Čakovec, Large hall

Exhibition of projects: Centar za kulturu, Čakovec, Lobby

Coffee breaks: Centar za kulturu, Čakovec, Lobby

Lunch: *Zrinski/Zrínyi Castle, next to the Conference venue*

PARKING

Parking: There are not existing free parking places next to the Conference venue. Closest large parking place to the venue is in Čakovec, Ulica Matice Hrvatske 6 (photos below). Usage is not limited in time and parking is possible during whole day.



ACCOMODATION

Accommodation possibilities, in Čakovec:

Hotel Park, Čakovec: <http://hotelpark.hr/en/>

Accommodation possibilities in the vicinity of Čakovec:

*Hotel Spa Golfer **** LifeClass Terme, Sveti Martin na Muri*

<http://www.spa-sport.hr/en/accommodation>

Hotel Panorama, Prelog: <http://dg-sport.com/en/>

Hotel Turist, Varaždin: <http://hotel-turist.hr/en/>

Other possibilities could be examined through the link: <http://tzm.hr/index.php?lang=2>

Please reserve the accommodation in time, as to the possible high booking rate.

Travel arrangements and accommodation have to be arranged, booked and financed individually by the participants of the Conference.



REGISTRATION FORM
TO THE CLOSING/ OPENING CONFERENCE
in ČAKOVEC (HR) on 10 September 2015
OF THE
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CROSS-BORDER CO-OPERATION PROGRAMME
2007-2013/ 2014-2020

Participant information (1 person to fill in):

Title: _____

Family name: _____

First name: _____

Organisation / Institution: _____

Address: _____

Postal code: _____ City: _____

Country: _____

Telephone: _____

Fax: _____ E-mail: _____

Date: ____/____/____

Signature of the participant: _____

Please **return this registration form** scanned and signed by e-mail to the Joint Technical Secretariat no later than the **10th of August 2015** to confirm your participation- to the Conference E-mail: conference@hu-hr-jts.com

Your participation, after sending in time the registration form, will be confirmed in *an E-mail at the end of August 2015*. Without confirmation participation is not possible.