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| **FORMULARZ REZERWACJI SALI**  sala mała sala duża | | | | | | | | | | | | | | | |
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| Nazwa firmy: | |  | | | | | | | | | | | | | |
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| Adres: | |  | | | | | | | | | | | | | |
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| NIP | |  | | | | | telefon | | | |  | | | | |
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| Forma płatności przelew. Numer konta do przelewu:  **Santander: 52 1090 2040 0000 0001 4916 3774**  Cel wynajmu (należy opisać temat konferencji, szkolenia) | | | | | | |  | | | | |  | | | |
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| Dane osoby odpowiedzialnej za zamówienie:  imię i nazwisko, nr telefonu, e-mail | | | | | | |  | | | | | | | | |
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| Termin wynajęcia sali: | | | | | | |  | | | | | | | | |
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| Godzina rezerwacji (od-do) | | | | | | |  | | | | | | | | |
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| Liczba uczestników: | | | | | | |  | | | | | | | | |
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| Ustawienie sali: | | |  | kino | | teatralne |  | szkolne | szkolne | | | |  | bankiet | bankietowe |
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| Inne: | | | | | | |  | | | | | | | | |
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| Uprzejmie proszę o uzupełnienie niniejszego formularza  i odesłanie go na nr fax. 41 248 03 70 lub adres mailowy: [sekretariat@crl.ostrowiec.pl](mailto:sekretariat@crl.ostrowiec.pl) | | | | | | | | | | | | | | | |
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