REGISTRATION - RESERVATION FORM

Each participant should register on a separate form.

Male 🗆 Female 🗆 Family name:	First name:
Organisation/Department:	
Address/City/Country:	
E-mail (obligatory):	Dietary wishes:
Registration fee	
Members of the respiratory societies	70 Euro/Person
Non-member pulmonologist	80 Euro/Person
Accompanying person	50 Euro/Person
Hungarian pulmonologist	15.000 HUF/Person
The registration fee covers: participation in the course, conference map, badge, accreditation certificate, coffee breaks, welcome dinner on Friday (06 November), lunch and a gala-dinner on Saturday (07 November) The registration fee of the accompanying person covers the welcome dinner on Friday and the gala-dinner on Saturday	
Hotel reservation For reservation requests please contact Ms. Szilvia Herbszt at the Congress Bureau (C&T Hungary Ltd.)!	
For reservation requests preuse contact /	
Arrival Depar	ture Number of nights
Special request:	
PAYMENT	TOTAL COST:
Payment should be made in Euros (€) by	
 International/national bank transfer to: Beneficiary: C&T Hungary Ltd., H-6722 Szeged, Dáni J. u. 7. MKB-Bank "Hungarian Foreign Trade Bank", H-6720 Szeged, Kölcsey u. 8. Swift code/BIC: MKKB HUHB International Bank Account Number (IBAN): HU98-10300002-66103111-26304888 Please specify on the bank transfer that bank costs, if applicable, are from your own account. 	
□ <u>Credit card:</u> VISA, AMEX, EC/MC AN	ID JCB card (other cards cannot be accepted) Bank costs +4%.
Card type 🛛 VISA	AMEX EC/MC JCB
Card number	
Expiry date	CVV/CVC code (3 digits on the back of the card)
Cardholder's name	
Cardholder's address	

Cancellation: Cancellations must be made in writing only and should be sent to the Conference Secretariat. The policy of cancellations is as follows: an administration fee of $10 \in$ will be charged for cancellations before 6 October 2009. Cancellations, received after 6 October 2009, will not be refunded. All refunds will be processed after the conference and will be paid in Euros (\in). Participants, unable to attend, may transfer their ticket to another person. In case of a non-arrival no refunds will be available.

By signing, I declare that I accept the booking and cancellation policies.

Date

Signature

To be returned to C&T Hungary Ltd. (Szeged, Hungary) Fax: +36 62 548-485,

email: congress@congresstravel.hu