

REGISTRATION FORM FOR HUNGARIAN PARTICIPANTS

Please complete this form and fax or mail it to the Conference Secretariat:
Altagra Business Services and Travel Agency Ltd. – H 2100 Godollo, Pf. 417., Hungary
Fax: +36 28 419 647 e-mail: office@altagra.hu

DEADLINE OF REGISTRATION: 1 May 2016

First Name: _____ Surname: _____ Title: _____

AFFILIATION Institution: _____

Department: _____

Mailing address (street): _____

Post code: _____ City/Town: _____ Country: HUNGARY

Phone: _____ e-mail: _____

INVOICE Invoice issued to _____

Special dietary requirements vegetarian other: _____

1. REGISTRATION FEE

	Registration fee in HUF	Registration cost in HUF
Conference	75.000,-	
Tutorial Basic	30.000,-	
Tutorial Advanced	30.000,-	
Tutorial Basic + Advanced	45.000,-	
Accompanying persons	36.000,-	
TOTAL 1		

2. ADDITIONAL PROGRAMMES

	Registered participant	Nr. of persons	Total
Boat tour on the Danube with Dinner – 13 May	15.000,-		
Gala dinner – 15 May	21.000,-		
Total 2			

To reserve a room, please visit www.neurosonology2016.hu/hotels

Name: _____

TOTAL AMOUNT PAYABLE

Total 1	Registration fee	HUF
Total 2	Additional programmes	HUF
Grand Total		HUF

PAYMENT *(Please, indicate the preferred mode of payment.)*

All prices are quoted in Hungarian Forint and include VAT.

Method of payment: bank transfer

After receiving the registration form, a pro-forma invoice will be issued. The pro-forma invoice will include the banking details of Altagra Business Services.

After the payment has been credited to the account of Altagra Business Services, an advance payment invoice will be issued. This will be followed by the final invoice (issued as soon as the conference is over).

CANCELLATION POLICY

Cancellations must be sent to the Conference Secretariat in writing by the dates specified:

Cancellation received between 18st March and 30th April: 50 % refund

Cancellation on 30th April and later: no refund

Refunds will be made after the Conference by bank transfer. All bank charges are to be paid by the receiver.

I understand and accept the above conditions.

Date_____
Signature