REGISTRATION FORM

PARTICIPANT

Family name____________________ First Name____________________
Institution ____
Mailing address______________________________________
Postal code________ City__________________ Country______________
Phone______________ Fax______________ e-mail______________

ACCOMPANYING PERSON(S)

Family name____________________ First Name____________________
____________________ ____________________

I intend to present a poster YES______ NO______

I am enclosing my application form for a congress grant YES______ NO______

REGISTRATION FEE

	prior to March 15	March 16 — May 15	after May 16 and on site
Members of the EMS			
Non-members			
Accompanying persons			

WAY OF PAYMENT
Registration fee, one night hotel deposit and full payment of the tours should be paid by certified cheque or credit card. Each remittance must show the name of the participant and the following programme number: 4006–06–21076.

1. Cheque should be sent to: Malév Air Tours, Congress Department
Roosevelt tér 2, H-1051 Budapest, Hungary

2. Credit card number ____________________ expiry date __________________

Diners Club ______ Visa______ Master Card/Eurocard ______ American Expres ______

I authorise Malév Air Tours to charge my account with the registration fee, hotel deposit and optional programmes.

Date________________ Signature____________________

HOTEL RESERVATION

Choice	Name of hotel	Number of rooms		Date of	
		single	double	check in	lcheck out
1st					l
2nd					l
3rd					l

Hotel reservation will be made only upon receipt of hotel deposit which is one night's fee of each booked room of your choice.

OPTIONAL PROGRAMMES

Name of the tour	Date of the tour	Number of persons