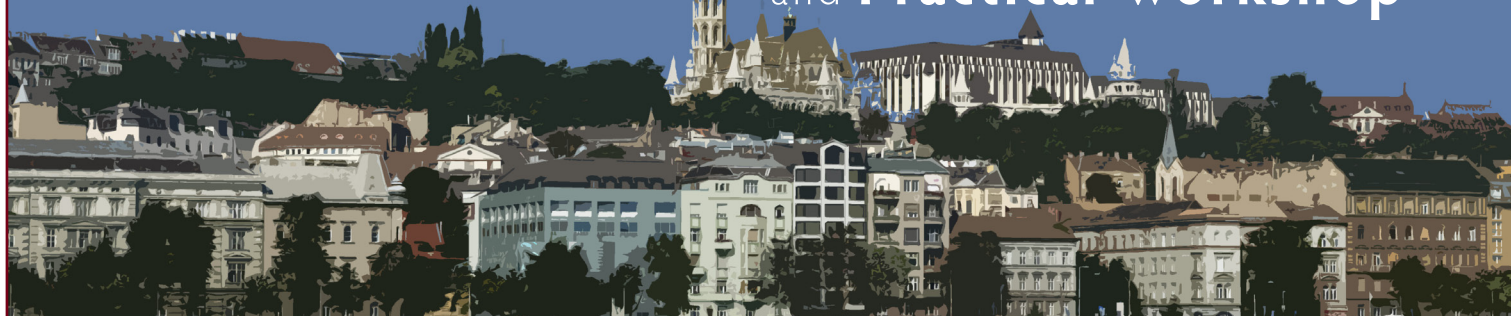


Registration and Hotel Booking Form



The 17th Annual Advanced **Pain Conference** and Practical Workshop



Budapest, Hungary, September 3-5, 2012

Please type or use block letters and return as soon as possible to: 

CongressLine Ltd.: H-1065 Budapest, Révay köz 2., Hungary

Phone: + 36 1 429 0146; Fax: + 36 1 429 0147; E-mail: vamos@congressline.hu; Website: www.congressline.hupain2012

Title Prof. Dr. Mr. Mrs. Miss.

Family Name First Name

Institution

Postal Code Street

City Country

Phone Fax

E-mail

Accompanying Person Name(s) 1. 2.

I need invitation letter for VISA purpose (Express mail fee from 30 €) Yes No

To be issued to the Name and Address

Registration Type	Early Bird Fees Until 15 July, 2012	Regular Fees After 15 July, 2012
Pain Conference and Practical Workshop	<input type="radio"/> 1430 €	<input type="radio"/> 1600 €
Pain Conference	<input type="radio"/> 1000 €	<input type="radio"/> 1150 €
Accompanying Person Fee	<input type="radio"/> 280 €	<input type="radio"/> 350 €

Hotel Reservation	Single Standard / Deluxe	Double Standard / Deluxe
Kempinski Hotel Corvinus Budapest****	<input type="radio"/> 165 € <input type="radio"/> 185 €	<input type="radio"/> 185 € <input type="radio"/> 205 €
Hotel Central Basilica***	<input type="radio"/> 80 €	<input type="radio"/> 90 €

Prices indicated in EUR per room, per night, including breakfast and all taxes.

Arrival Date Departure Date Number of Nights

Special Request

I would like to share my room with:

Hotel reservation will be made only on receipt of 2-night hotel deposit.

Optional Program	Price	Persons(s)	Amount
Sightseeing tour in Budapest, Monday, 3 September, 09.30-13.00	25 €		
Award Ceremony Diner, Tuesday, 4 September, 20.00-23.00	120 €		

Payment	Total	Euro
Registration Fee		Euro
Accommodation 2-night deposit		Euro
Optional Program		Euro
TOTAL		Euro

Payments should be made in advance by one of the following methods:

ATTENTION!

For your security, CongressLine consults with the bank about the credit card data given, and your card will be charged only after a pre-authorisation process.
(This manual process could take even one or two working days)

Credit Card

Please Charge Euro to my VISA EC / MC AMEX

Card Number

Cardholder's Name

Billing address of the Cardholder (where the bank sends the monthly bank account information)

Expiry Date CVC Code (only VISA and EC/MC)

(CVC Code is the last three digits on the back of the credit card where the signature is)

Please note that our Office will debit your credit card in EUR

Bank Transfer

Account Holder's Name: CongressLine Ltd.

IBAN Number: HU 19 - 10 40 40 27 50 50 48 51 52 55 10 11

Bank: K&H Bank Zrt. (H-1051 Budapest, Vigadó tér 1. Hungary)

Swift Code: OKHBHUHB

Please indicate "2012/14"

All charges due to bank transfers have to be paid by the sender. The name and address of the sender have to be marked clearly on every remittance. The Congress Bureau does not take any responsibility coming from the fact that the registration form is not readable or includes contradiction in the data provided.

Invoice Receipt Details

Name Company name

Address

Reference number Person Please send me an invoice in advance: yes no

I have read and accept the cancellation terms as contained within the official website.

Date Signature