

Registration and Hotel Booking Form

Please type or use block letters and return to:

CongressLine Ltd.

H-1065 Budapest, Révay köz 2., Hungary

Fax: +36 1 429 0147; E-mail: pappvid@congressline.hu

Online registration: www.congressline.hu/isctico2014

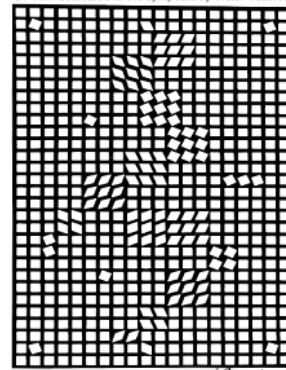
All fields marked with an asterisk * are required.

8th International Symposium

on Cell/Tissue Injury and
Cytoprotection/Organoprotection

24-26 September, 2014
Budapest, Hungary

OP-ART dedicated to the symposia by Victor Vasarely



Personal data

First name*

Last name*

Institution*

Institution address*

Postal code*

City*

Country*

E-mail*

Phone*

Fax

Registration fees *

Registration type	Early Bird Fees until 1 June, 2014	Regular Fees from 1 June, 2014	On-site Fees
Individuals	<input type="checkbox"/> 290 EUR	<input type="checkbox"/> 350 EUR	<input type="checkbox"/> 400 EUR
Students/Fellow ¹	<input type="checkbox"/> 90 EUR	<input type="checkbox"/> 150 EUR	<input type="checkbox"/> 200 EUR
Corporation/Industry	<input type="checkbox"/> 590 EUR	<input type="checkbox"/> 650 EUR	<input type="checkbox"/> 700 EUR

¹An official stamped letter signed by the head of the department confirming this status must accompany the registration.

Please send the letter to pappvid@congressline.hu

Accommodation

Danubius Hotel Gellért	Single rooms	Double rooms
Standard	<input type="checkbox"/> 100 EUR	<input type="checkbox"/> 120 EUR

Room rates are indicated in Euros, and per room per night, including all taxes and breakfast.

Date of arrival*

Date of departure*

Number of nights*

Special request

I would like to share my room and room costs with the following delegate/accompany

Programs and tours

Program	Person	Price/person
Farewell Party - Evening Danube Cruise & Dinner Friday, 26 September 2014, 20.00	<input type="checkbox"/>	<input type="checkbox"/> 60 EUR

Payment

Payment	Amount
Registration subtotal	EUR
Accommodation subtotal	EUR
Program subtotal	EUR
Total payable	EUR

Invoice/Receipt

Name for invoice *

Reference name or number for the invoice *

Address for invoice *

Method of Payment *

Credit card

Please charge _____ EUR to my VISA EC/MC AMEX

Cardholder's name *

Billing address of the Cardholder *

Card number *

Expiry date *

CVC code¹ *

¹The last three digits on the back of the credit card where the signature is - only VISA and EC/MC

Bank transfer

Account holder's name: Congressline Kft.

Bank: K&H Bank Zrt. (1095 Budapest, Lechner Ödön fasor 9.)

IBAN Number: HU19 10404027 50504851 52551011

SWIFT Code: OKHBHUHB

Please indicate **"ISCTICO2014"**

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.

I have read and accept the cancellation terms as contained on the website. *

Date

Signature