

Budapest, Hungary
August 25-27, 2014



The 19th Annual Advanced Pain Conference and Practical Workshop

The 26th FIPP Examination
Budapest, Hungary, August 28, 2014

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:** glob@congressline.hu; **Website:** www.congressline.hu/pain2014

Title ☐ Prof. ☐ Dr. ☐ Mr. ☐ Mrs. ☐ Miss.

Last Name First Name

Institution

Postal Code Street

City Country

Phone Fax

E-mail

Accompanying Person Name(s) 1. 2.

Registration

Registration Type	Early Bird Fees Until 15 July, 2014	Regular Fees After 15 July, 2014
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 €

Accommodation

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

Hotels	Single Standard	Single Deluxe
Kempinski Hotel Corvinus Budapest *****	<input type="radio"/> 150 €	<input type="radio"/> 180 €
	Double Standard	Double Deluxe
	<input type="radio"/> 170 €	<input type="radio"/> 200 €
Hotel Central Basilica***	Single Standard	Double Standard
	<input type="radio"/> 78 €	<input type="radio"/> 88 €

Arrival Date	<input type="text"/>	Departure Date	<input type="text"/>	Number of Nights	<input type="text"/>
Special Request	<input type="text"/>				
	<input type="text"/>				
	<input type="text"/>				

I would like to share my room with:

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

Social Event

Social Event	Price	Persons(s)	Amount
Award Ceremony Diner, Tuesday, 26 August, 20:00-23:00	120 €		

Payment

Payment	Total
Registration Fee	Euro
Accommodation 2-night deposit	Euro
Social Event	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: H U 1 9 - 1 0 4 0 4 0 2 7 5 0 5 0 4 8 5 1 5 2 5 5 1 0 1 1
 Bank: K&H Bank Zrt. (H-1051 Budapest, Vigadó tér 1. Hungary)
 Swift Code: OKHBHUHB
 Please indicate "2014/09"

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.

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

Date

Signature