

REGISTRATION FORM
HOT ISSUES IN MOLECULAR PATHOLOGY
Technology Transfer in Diagnostic Pathology
7th Central European Regional Meeting
Siófok, Hungary, May 14-16, 2012

to be returned to K&M Congress Ltd. before February 29, 2012
H-1028 Budapest, Hidegkúti út 153, Hungary, Fax: +36-1-3012001
We prefer on-line registration at www.kmcongress.com/iap2012.php

IDENTIFICATION

Prof/Dr/Mr/Ms Surname:

First name(s):

Department:

Institute:

Street & Number:

Zip code & City: Country:

Phone: Fax: E-mail:

Accompanying person(s):

REGISTRATION FEES

	Before February 29, 2012	After February 29, 2012
IAP member	250 EUR <input type="checkbox"/>	350 EUR <input type="checkbox"/>
Non-member	300 EUR <input type="checkbox"/>	400 EUR <input type="checkbox"/>
Resident	125 EUR <input type="checkbox"/>	180 EUR <input type="checkbox"/>
Accompanying person	125 EUR <input type="checkbox"/>	180 EUR <input type="checkbox"/>

EVENTS and MEALS

Date	Programme	Price per person	Persons
May 14, Monday	Lunch	included in the registration fee	
May 14, Monday	Welcome Party		
May 15, Tuesday	Sightseeing of Siófok (half day) for accompanying persons only		
May 15, Tuesday	Lunch		
May 15, Tuesday	Congress Dinner		
May 16, Wednesday	Overnight in Budapest in 3-star hotel One night in single room	80 EUR	
	One night in double room (per person)	45 EUR	

(please turn over)

ACCOMMODATION

Hotel	Room rate	Number of nights
Azúr Wellness Hotel**** - Congress Venue prices include breakfast, taxes, parking and free use of the wellness centre of the hotel		
Double room with single occupancy	80 EUR per room per night	
Double room	100 EUR per room per night	
Premium double room with single occupancy	110 EUR per room per night	
Premium double room	135 EUR per room per night	
Renegade Sport Hotel *** prices include breakfast, taxes and parking		
Single room	55 EUR per room per night	
Double room	75 EUR per room per night	

Date of arrival: Date of departure:

Credit card guarantee by Visa / Mastercard / Amex / JCB

Card number: Expiry:.....

CVV (the last three digits on the back of the card on the signature panel):

Cardholder's name:..... Cardholder's signature:

Cardholder's address:

PAYMENT Bank charges must be paid by the Registrant.

Subtotal registration fees EUR

Subtotal events and meals EUR

Subtotal hotel deposit (1 night) EUR

Total amount EUR

via bank draft made payable to K&M Congress
account no: IBAN HU90-1030-0002-5120-0040-2630-4885
Hungarian Foreign Trade Bank, Inc.,H-1056 Budapest, Váci u. 38., Swift code: MKKBHUHB

by bank card Visa / Mastercard / Amex / JCB
Card number: Expiry:.....
CVV (the last three digits on the back of the card on the signature panel):.....
Cardholder's name: Cardholder's signature:

please check appropriate box

Please send an invoice against the paid sum to:

.....

I have read and accepted the conditions in the First Announcement of the Congress.

.....
Date

.....
Signature

