



**III. Central - European Meeting on Hypertension
13-16 October, 2005**

Participants are kindly requested to register for the Congress using this registration form. Please prepare a copy of this form and mail it or fax it completed and signed to
(you are kindly advised to keep a photocopy for your own records):

MOTESZ Congress and Travel Agency Ltd. H-1443 Budapest, PO Box. 145. HUNGARY Fax: 0036 1 383 7918

1.) PARTICIPANT

Title: Prof. Dr. Mr. Ms.

First Name: _____

Family (last) name: _____

Place of work: _____

Address: _____

City: _____ Street: _____

Post code: # _____ Country: _____

Phone: _____ Fax: _____ E-mail: _____

Accompanying person(s): _____

2.) REGISTRATION FEES (included VAT)

	<i>Paid before 1st August</i>	<i>Paid after 1st August and on-site</i>
For all participants, registration fee only	<input type="checkbox"/> 100 Euro	<input type="checkbox"/> 120 Euro
Full registration		
- in double Classic room	<input type="checkbox"/> 220 Euro	<input type="checkbox"/> 250 Euro
- in single Classic room	<input type="checkbox"/> 250 Euro	<input type="checkbox"/> 280 Euro
- in double Superior room	<input type="checkbox"/> 250 Euro	<input type="checkbox"/> 280 Euro
- in single Superior room	<input type="checkbox"/> 280 Euro	<input type="checkbox"/> 300 Euro

The registration fee includes for the delegates:

Access to the Scientific Sessions and the Exhibition area, Conference bag, Badge, One copy of the Final Programme, Welcome Party, 2nd evening dinner, gala dinner

The full registration fee includes for the delegates:

Access to the Scientific Sessions and the Exhibition area, Conference bag, Badge, One copy of the Final Programme, Welcome Party, 2nd evening dinner, gala dinner, accommodation (for 3 nights) and lunches (on 14, 15 October)

Please note that the deadline to benefit from the early registration fee is 1st August. Registration forms without payment cannot be processed. Registrations received after 1st August, 2005 will be processed like on-site registration.

The full registration (including the hotel bookings) will be confirmed after receiving the total payment. If the payment has not been received by 15th September 2005, the booking will be cancelled automatically.

4.) METHODS OF PAYMENTS

Bank transfer (Please take note of the fact that we do not assume the charge of bank transfer!):
to MOTESZ Congress and Travel Agency Ltd., Account no. **10300002-20358886-00003285** at the *Hungarian Foreign Trade Bank Ltd.* (H-1821 Budapest, Szent István tér 15.) IBAN Code: HU03 1030 0002 2035 8886 0000 3285
Swift Code: MKKBHUHB
Please mark the transfer form with your name and the name of the congress: Central – European Hyper

Credit card: (It is kindly asked to send us the copy of the front and back page of the credit card as well!)

Visa American Express Master Card

Cardholder's name: _____

Cardholder's address: _____

City, Street: _____ Post code: # _____

Credit card number: # _____

Card Validation Code (CVC - printed in the signature panel): _____ Expiry date: ____/____/____

Amount in Euro:..... **Signature:**.....

at the site of the congress (only the registration fee)

If you wish to have the invoice sent to any other address, fill out the following section:

Name: _____

City: _____ Street: _____

Country: _____ Post code: # _____

5.) CANCELLATION AND REFUND

Cancellations should be notified in writing to the MOTESZ Congress and Travel Agency (address above).

In case of the total fee, for the cancellations received on or before 15th August 2005, participant will receive a full refund less 20% administration fee. For cancellations received between 15th August and 12th September 2005 participant will receive a full refund less the one night accommodation fee + 20% handling fee deposit. After this date we can not accept any cancellation and no refund will be given.

In case of registration fees, cancellation received before 15 August, 2005 will result the full refund less a 20% administrative charge. Cancellations received after this date will not be eligible for a refund. Substitute delegates will be accepted. Name substitutions are accepted at any time at an extra charge of 20 EUR. The participant states by the filling and returning of this form that he accepts the conditions above.

Date: _____

Signature: _____
participant