

Registration Form

7th International Danubius Conference on Oral and Maxillofacial Surgery | October 16-18, 2008 – Budapest, Hungary

Complete with block letters and return to Asszisztencia Congress Bureau Ltd.:

ASSZISZTENCIA Congress Bureau – Hegedűs Gy. u. 20. – H-1136 Budapest, Hungary – Fax: (+36 1) 350 0929 - Email: danubius@asszisztencia.hu

Participant

Title _____ Family name _____ First name _____
Institute, Company _____

Mailing Address

work address home address

Institution, Company _____
ZIP Code _____ City _____ Country _____
Street _____
Phone _____ Fax _____ E-mail _____

Billing Address

Customer name _____
Contact name _____
City _____ Country _____ ZIP Code _____
Street _____
Phone _____ Fax _____ E-mail _____

Registration fees

Participants registration fee (P) 200 EUR Pre_Congress Course 1 (PC1) 50 EUR
Accompanying persons' registration fee (AC) 100 EUR Pre_Congress Course 2 (PC2) 50 EUR
Accompanying persons' name: _____

Hotel Accommodation

Room prices per night, including all taxes and breakfast.

Hotel room type	Single room	Double room
Sofitel Budapest *****	(SB1) <input type="checkbox"/> 199 EUR	(SB2) <input type="checkbox"/> 226 EUR
Pilvax City Hotel ***	(PC1) <input type="checkbox"/> 80 EUR	(PC2) <input type="checkbox"/> 90 EUR
Ring City Hotel ***	(RC1) <input type="checkbox"/> 69 EUR	(RC2) <input type="checkbox"/> 75 EUR
Atlas Hotel ***	(AH1) <input type="checkbox"/> 61 EUR	(AH2) <input type="checkbox"/> 71 EUR

Arrival: October _____ Total no. of nights: _____
Departure: October _____ Room shared with: _____

Banquet Dinner

Banquet Dinner at the Lázár Equestrian Park in Domony Valley (BD) 40 EUR/person for _____ persons

Payment

- Payment with credit card - Credit Card Authorization Form attached
 Payment by bank transfer - Copy of a bank draft attached

_____ Date

_____ Signature