

REGISTRATION FORM

European College of Equine Internal Medicine Congress



ECEIM'17
BUDAPEST

DATE 2-4 November, 2017

PERSONAL INFORMATION

Family Name*:

First Name*:

Title: Prof Dr

Sex: Male Female

Institution*:

Institution Address*:

City*:

Postal Code*:

Country*:

Phone:

Fax:

E-mail*:

All fields marked with an asterisk (*) are required.

REGISTRATION FEES

	Early Bird (until 10 September, 2017)	Regular (after 10 September, 2017)
Invited	0 EUR <input type="checkbox"/>	0 EUR <input type="checkbox"/>
Diplomate+Specialist Day	800 EUR <input type="checkbox"/>	1150 EUR <input type="checkbox"/>
Diplomate	400 EUR <input type="checkbox"/>	600 EUR <input type="checkbox"/>
Specialist Day (for Diplomate ECEIM/ACVIM only)	400 EUR <input type="checkbox"/>	550 EUR <input type="checkbox"/>
Veterinarian	450 EUR <input type="checkbox"/>	600 EUR <input type="checkbox"/>

**REGISTRATION FEES**

	Early Bird (until 10 September, 2017)	Regular (after 10 September, 2017)
Veterinary / PhD student	300 EUR <input type="checkbox"/>	450 EUR <input type="checkbox"/>
Resident (ECEIM/ACVIM)	250 EUR <input type="checkbox"/>	400 EUR <input type="checkbox"/>
Resident (other college)	300 EUR <input type="checkbox"/>	450 EUR <input type="checkbox"/>
Exhibitor	350 EUR <input type="checkbox"/>	350 EUR <input type="checkbox"/>
Exhibitor (included in gold/silver sponsorship package)	0 EUR <input type="checkbox"/>	0 EUR <input type="checkbox"/>
Accompanying person	180 EUR <input type="checkbox"/>	180 EUR <input type="checkbox"/>

Accompanying person's name: _____**Workshop 1 (Thursday 9.00-12.00)**

Diplomate	150 EUR <input type="checkbox"/>	225 EUR <input type="checkbox"/>
Resident	100 EUR <input type="checkbox"/>	150 EUR <input type="checkbox"/>
Non-diplomate veterinarian	175 EUR <input type="checkbox"/>	250 EUR <input type="checkbox"/>

Workshop 2 (Thursday 9.00-12.00)

Diplomate	150 EUR <input type="checkbox"/>	225 EUR <input type="checkbox"/>
Resident	100 EUR <input type="checkbox"/>	150 EUR <input type="checkbox"/>
Non-diplomate veterinarian	175 EUR <input type="checkbox"/>	250 EUR <input type="checkbox"/>

Workshop 3 (Thursday 13.00-16.00)

Diplomate	150 EUR <input type="checkbox"/>	225 EUR <input type="checkbox"/>
Resident	100 EUR <input type="checkbox"/>	150 EUR <input type="checkbox"/>
Non-diplomate veterinarian	175 EUR <input type="checkbox"/>	250 EUR <input type="checkbox"/>

Workshop 4 (Thursday 13.00-16.00)

Diplomate	150 EUR <input type="checkbox"/>	225 EUR <input type="checkbox"/>
Resident	100 EUR <input type="checkbox"/>	150 EUR <input type="checkbox"/>
Non-diplomate veterinarian	175 EUR <input type="checkbox"/>	250 EUR <input type="checkbox"/>

OPTIONAL PROGRAMS

	Person	Price/Person
Evening Danube Cruise&Dinner Saturday, 4 November 2017, 20.00-23.00	<input type="checkbox"/>	70 EUR
Pub Crawl Saturday, 4 November 2017, 21.00-24.00	<input type="checkbox"/>	30 EUR

ACCOMMODATION

Hotel	Single Room	Double Room
Hilton Budapest Hotel (Congress Venue) H-1014 Budapest, Hess András tér 1-3.	165 EUR <input type="checkbox"/> 195 EUR <input type="checkbox"/> (Superior)	185 EUR <input type="checkbox"/> 215 EUR <input type="checkbox"/> (Superior)
Mercure Budapest Buda H-1013 Budapest, Krisztina körút 41-43.	72 EUR <input type="checkbox"/>	82 EUR <input type="checkbox"/>
Burg Hotel H-1014 Budapest, Szentháromság tér 7-8.	51 EUR <input type="checkbox"/>	63 EUR <input type="checkbox"/>
Buda Castle Fashion Hotel H-1014 Budapest, Úri utca 39.	99 EUR <input type="checkbox"/>	110 EUR <input type="checkbox"/>
Carlton Hotel Budapest H-1011 Budapest, Apor Péter utca 3.	99 EUR <input type="checkbox"/>	109 EUR <input type="checkbox"/>
Hotel Castle Garden H-1012 Budapest, Lovas út 41.	85 EUR <input type="checkbox"/>	100 EUR <input type="checkbox"/>

Prices are indicated per room per night, including breakfast, 18% VAT and 4 % City tax.

Date of arrival at hotel:
(YYYY-MM-DD)

Number of nights:

Date of departure from hotel:
(YYYY-MM-DD)

Special requests:

Roommate(s) name:



PAYMENT

Credit Card

Please charge _____€* to my

VISA

EC/MC

AMEX

Card number:

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Cardholder's name:

Billing address of the Cardholder:

Expiry date:

CVC Code** (only VISA and EC/MC)

*Please note that our Agency/Office will debit your credit card in EUR.

**the last three digits on the back of the credit card where the signature is

Bank Transfer

Account Holder's Name: CongressLine Ltd.

IBAN Number: HU19 10404027 50504851 52551011

Bank: K&H Bank Zrt. (H-1051 Budapest, Vigadó tér 1. Hungary)

Swift Code: OKHBHUHB

Please indicate 2017/21

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.

INVOICE/RECEIPT DETAILS

I need an invoice in advance: Yes No

PLEASE FILL OUT THE FORM IN ANY CASE!

Name/Company Name:

Address:

Reference number/person:

Tax number (if company):

Date:

Signature:
