## XXV Jubilee International Congress of the Hungarian Association for Buiatrics

## Danubius Health Spa Resort Helia, Budapest, Hungary September 13-16, 2015

## **REGISTRATION FORM**

| ☐ Mr. ☐ Mrs. ☐ Mis  Last (family) name: | ss Prof. □ Dr. □                     | First (given)      | name:               |           |
|---|--------------------------------------|--------------------|---------------------|-----------|
|   |                                      |                    |                     |           |
| Institution or Company:                 |                                      |                    |                     |           |
| Address (street):                       |                                      | City/town:         |                     |           |
| Country:                                | Postal code:                         |                    |                     |           |
| Mobile:                                 | Telefax:                             |                    |                     |           |
| E-mail:                                 |                                      |                    |                     |           |
| Name of the accompany                   | ing person:                          |                    |                     |           |
| legistration fee                        | <u> </u>                             |                    |                     |           |
| -                                       | Before                               | After              | Number of           | Total 1   |
|   |                                      | August 15,<br>2015 | persons             | (EUR)     |
| Delegate                                | 190 EUR*                             | 220 EUR*           |                     |           |
| Speaker                                 | 155 EUR*                             | 155 EUR*           |                     |           |
| Student                                 | 127 EUR*                             | 127 EUR*           |                     |           |
| Accompanying Guest                      | 127 EUR*                             | 127 EUR•           |                     |           |
| Totals                                  |                                      |                    | L                   |           |
| *Please note that the VA                | AT is 27% in Hungary                 | and it is includ   | led in the registra | tion fee. |
|   |                                      |                    |                     |           |
| Date of arrival:                        | Date of departure                    | :N                 | umber of nights     |           |
| The double room is to be                | e shared with:                       |                    |                     |           |
|   |                                      |                    |                     |           |
| Accommodation (price                    | s per night and room                 | in EUR)            |                     |           |
|   | Danubius Health S<br>Resort Helia*** |                    | Total 2 (EUR)       |           |
| Single room                             | 63                                   |                    |                     |           |
| Double room                             | 67                                   |                    |                     |           |

Please note that room price inludes the followings:

**Totals** 

• breakfast, unlimited use of the thermal bath and wellness, sauna, free Wifi, 18% VAT

| Payment     | EUR |
|-------------|-----|
| Total 1     |     |
| Total 2     |     |
| Grand total |     |

## **Methods of payment**

| 1 0  |  |  |
|--|--|--|
| Payments will be accepted only in EUR. Banking charges are kindly requested to be paid b   | y the participant.   |  |
| Settlement by:   |  |  |
| ☐ Bank remittance. Please arrange bank remittan  | ice in EUR to:   |  |
| Hungarian Association for Buiatrics<br>H-1078 Budapest, István u. 2.<br>Hungary<br>Account number: 11763141-16872880<br>IBAN: HU64 1176 3141 1687 2880 0000 0000 | Name and address of the bank:<br>OTP Bank NYRT. BUDAPESTI REGIO<br>H-1148 Budapest, Nagy Lajos kir. u. 19-21<br>Swift Code: OTPVHUHB |  |
| Registration can be made by on-line as well: www   | .mbuiatrikus.org   |  |
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|  |  |  |
| Date   | Signature  |  |