

REGISTRATION FORM

ON SAFE ROADS IN THE XXI. CENTURY, 25-27 OCTOBER, 2006 Budapest - Hungary

Please fill in this registration form and return it until 1 October, 2006 to:
MEETING BUDAPEST LTD. Szilágyi u. 3. H-1081 Budapest, Hungary
Fax number: 0036 1 459 8065
E-mail: meeting@euroweb.hu

PARTICIPANT: Mr. Mrs. Ms. Prof. Dr. Other (Please specify) _____

Family name: _____ First name: _____

Organisation / Firm: _____

MAILING ADDRESS:

Postal code: _____ City: _____

Country: _____ Street, No.: _____

Phone: _____ Fax: _____ E-mail: _____

ACCOMPANYING PERSON

Family name: _____ First name: _____

A) REGISTRATION FEE

PAYMENT	before 15 August, 2006	after 15 August, 2006	payment
PARTICIPANT	460.- EURO	520.- EURO	_____
ACCOMPANYING PERSON	100.-EURO	100.-EURO	_____

PARTICIPANTS FEE INCLUDES:

Participation in the Scientific Programmes, badge, conference document (Book of abstracts and Proceedings on CD-ROM), list of participants, invitation to the Welcome Reception, lunch, coffee and refreshment tickets, V.A.T.

ACCOMPANYING PERSON' S FEE INCLUDES:

Invitation to the Welcome Reception, badge, participation in the Budapest sightseeing program.

B) ACCOMMODATION

ARRIVAL DATE: _____ DEPARTURE DATE: _____

Hotel category	single room EURO / night	double room EURO / night	deposit (one day)
PARK HOTEL FLAMENCO ****	100.-	110.-	_____

(Prices include breakfast and VAT.)

C) OPTIONAL PROGRAMMES

	Price	No. of person	Payment
SIGHTSEEING-TOUR	25.- EURO	_____	_____
CONFERENCE DINNER ON THE RIVER DANUBE	60.- EURO	_____	_____

TOTAL PAYMENT (A+B+C): EURO

METHOD OF PAYMENT

The payment of the registration fee, hotel deposit and full payment for optional programmes should be made either

- by **bank remittance** to be transferred to:
HUNGARIAN FOREIGN TRADE BANK LTD.
Váci u. 38. H-1056 Budapest, Hungary

Account: Meeting Budapest Account No.: MKB 10300002-20332521-00003285

Swift code: MKKB HU HB

PLEASE INDICATE YOUR NAME AND „ON SAFE ROADS ...” ON YOUR MONEY TRANSFER AND ATTACH PHOTOCOPY OF THE BANK DRAFT TO THIS FORM! THANK YOU.

- by **credit card**

I agree that you charge the above amount to:

American express EuroCard / MasterCard Visa

Card number: _____ Expirydate: _____

Card Verification Code*: _____

Cardholder's name: _____

Cardholder's address: _____

Date: _____

Signature: _____

* The entire card number or the last four digits of the card number appear on the signature panel of your Visa or Euro/Master card. The card number is followed by a three-digit value, which is called card verification code.

METHOD OF CANCELLATION:

Should participants or accompanying persons cancel the registration, hotel reservation and optional program **before 15 September, 2006** All fees will be returned, less 10% handling charge.

No refund can be made for registration and hotel deposit **after 15 September, 2006**

Only written cancellation can be accepted.

DATE: _____ **SIGNATURE:** _____