The 21st Annual Advanced Interventional Pain Conference and Practical Workshop with Fluoroscopic and Ultrasound Guided Techniques

Budapest, Hungary, August 29-31, 2016

The 32nd FIPP Examination

Budapest, Hungary, September 1, 2016

Please type or use block letters and return as soon as possible to:

CongressLine Ltd.: H-1065 Budapest, Révay köz 2., Hungary
Phone: + 36 1 429 0146 **Fax:** + 36 1 429 0147; **E-mail:** golob@congressline.hu; **Website:** www.congressline.hu/pain2016

Title ◯ **Prof.** ◯ **Dr.** ◯ **Mr.** ◯ **Mrs.** ◯ **Miss.**

Last Name _____ **First Name** _____

Institution _____

Postal Code _____ **Street** _____

City _____ **Country** _____

Phone _____ **Fax** _____

E-mail _____

Accompanying Person Name(s) 1. _____ 2. _____

Registration

Registration Type	**Early Bird Fees** Until 15 July, 2016	**Regular Fees** After 15 July, 2016
Pain Conference and Practical Workshop (Member)	◯ 1430 €	◯ 1600 €
Pain Conference and Practical Workshop (Non-Member)	◯ 1630 €	◯ 1800 €
Pain Conference (Member)	◯ 1000 €	◯ 1150 €
Pain Conference (Non-Member)	◯ 1200 €	◯ 1350 €
Accompanying Person Fee	◯ 280 €	◯ 350 €

Instructions for signing up for workshop choices please visit the website: ***www.congressline.hu/pain2016/program.php***

Accommodation

Prices indicated in EUR per room, per night, including breakfast and all taxes.

Hotels	**Single Superior**	**Double Superior**
Kempinski Hotel Corvinus Budapest *****	◯ 164 €	◯ 184 €
	Single Deluxe	**Double Deluxe**
	◯ 194 €	◯ 214 €
Hotel Central Basilica****	**Single**	**Double**
	◯ 105 €	◯ 115 €

Arrival Date | Departure Date | Number of Nights

Special Request

I would like to share my room with:

Hotel reservation will be made only on full hotel payment.

Social Event

Social Event		Price	Persons(s)	Amount
Award Ceremony Dinner	(for non-registered partner(s) Tuesday, 30 August, 20:00-23:00	◯ 120 € Additional		

Payment

Payment	Total
Registration Fee	Euro
Accommodation full payment	Euro
Social Event	Euro
TOTAL	Euro

Payments should be made in advance by one of the following methods:

ATTENTION!

For your security, CongressLine consults with the bank about the credit card data given, and your card will be charged only after a pre-authorisation process. (This manual process could take even one or two working days)

◯ **Credit Card**

Please Charge | Euro to my ◯ VISA ◯ EC / MC ◯ AMEX

Card Number

Cardholder's Name

Billing address of the Cardholder (where the bank sends the monthly bank account information)

Expiry Date | **CVC Code** (only VISA and EC/MC)

(CVC Code is the last three digits on the back of the credit card where the signature is)

◯ **Please note that our Office will debit your credit card in EUR**

Bank Transfer

Account Holder's Name: CongressLine Ltd.
IBAN Number: HU19-10404027505048515255 1011
Bank: K&H Bank Zrt. (H-1051 Budapest, Vigadó tér 1. Hungary)
Swift Code: OKHBHUHB
Please indicate "2016/09"

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. The Congress Bureau does not take any responsibility coming from the fact that the registration form is not readable or includes contradiction in the data provided.

◯ I have read and accept the cancellation terms as contained within the official website.

Date

Signature