



Collegium Oto-Rhino-Laryngologicum Amicitiae Sacrum (CORLAS)

Budapest, Hungary

22-25 August 2010

REGISTRATION AND HOTEL BOOKING FORM

Participants are kindly requested to register for the Meeting using this registration form. Please fill out a copy of this form and mail or fax it complete with your signature to **MOTESZ Congress and Travel Agency Ltd. H-1443 Budapest, PO Box 145. HUNGARY Fax: 0036 1 383 7918**

This registration form is available for downloading from the website of the meeting: www.motesz.hu

(You are kindly advised to keep a photocopy for your own records)

1. PARTICIPANT

Title:	<input type="checkbox"/> Prof. <input type="checkbox"/> Dr. <input type="checkbox"/> Mr. <input type="checkbox"/> Ms.		
First name:	Family (last name):		
Place of work:			
Address:	City:	Street:	
	Post code:		
Phone:	Fax:	E-mail:	
Name(s) of accompanying person(s):			

2. REGISTRATION FEES (including VAT)

Deadline for early registration fee is 15 May 2010.

Participant's status	Early registration fee until 15 May 2010	Registration fee from 15 May 2010 and on-site
CORLAS members	600 € <input type="checkbox"/>	680 € <input type="checkbox"/>
Guests	600 € <input type="checkbox"/>	680 € <input type="checkbox"/>
Accompanying person	300 € <input type="checkbox"/>	
Total registration fee:		
€		

Registration fee for members and guests includes

- President's reception
- Opening ceremony
- Access to scientific presentations
- Daily lunches at conference venue from Monday to Wednesday
- Cultural program on Monday evening
- Members' dinner
- Gala dinner

Registration fee for accompanying persons includes

- President's reception
- Opening ceremony
- Accompanying persons' dinner
- Cultural program on Monday evening
- Gala dinner

Please note that the deadline to benefit from the early registration fee is **15 May 2010**.

Registration forms received without payment cannot be processed.

3. HOTEL BOOKING Please mark at least two options. Hotel booking deadline: 16 July 2010

Hotel (VAT and breakfast are included)	1 st choice	2 nd choice	Single room / night	Double room or twin / night
Hilton Budapest Hotel*****	<input type="checkbox"/>	<input type="checkbox"/>	179 € <input type="checkbox"/>	209 € <input type="checkbox"/>
Hotel Mercure Budapest Buda*****	<input type="checkbox"/>	<input type="checkbox"/>	110 € <input type="checkbox"/>	120 € <input type="checkbox"/>
Carlton Hotel Budapest****	<input type="checkbox"/>	<input type="checkbox"/>	94 € <input type="checkbox"/>	108 € <input type="checkbox"/>

Arrival date:	Departure date:	Number of nights required:
Number of nights required x room rate + 10 € handling fee =			Total accommodation fee:		
			€		

Payment conditions:

- ❖ **Total accommodation fee** has to be paid with the registration. Hotel bookings will be confirmed after receiving the payment.
- ❖ If the accommodation fee has not been received by **16 July 2010**, the booking will be cancelled automatically.
- ❖ If the hotel booking form is received after the hotel booking deadline, we may not be able to guarantee the requested accommodation.

4. OPTIONAL PROGRAMS (VAT is included in the price)

Optional programs	Price /person	22 August, Sunday	23 August, Monday	24 August, Tuesday	25 August, Wed.	26-27-28 August, Thu-We-Sa	Number of Person(s)	Amount
Jewish Heritage Tour <i>(min. 15 persons)</i>	23 €	/				/		
Grand City Tour	24 €	/				/		
Parliament & City Tour	40 €	/				/		
City & Opera House Tour <i>(min. 15 persons)</i>	56 €	/	/	/	/	/		
Family Tour <i>(min. 25 persons)</i>	76 €	/	/	/	/	/		
Post Congress Tour <i>(min. 25 persons)</i>	495 €	/	/	/	/	/		
Total program fee:							€

TOTAL AMOUNT TO PAY (registration + hotel + program fee): €
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5. METHODS OF PAYMENT

- ❖ **Bank transfer** (Please take note of the fact that we do not assume the charge for bank transfer!):
to MOTESZ Congress and Travel Agency Ltd.
Bank: MKB Bank Zrt. H-1231 Budapest, Szent I. Téri Fiók 11. Pf. 129.
IBAN Code: HU93 1030 0002 2035 8886 4882 0019 **Swift (BIC) Code: MKKB HU HB**
Please mark the transfer form with your name and the name of the meeting: CORLAS 2010

- ❖ **Credit card:** (It is kindly asked to send us the copy of the front and back page of the credit card as well)
 Visa **American Express** **Master Card**

Cardholders' name:

Cardholders' address: City / Country:

Street: Post code: #.....

Credit card number: # Expiry date:

Card Validation Code (CVC – printed in the signature panel):

Amount in €: **Signature:**

- ❖ **On the site of the meeting (only registration fee)**

If you wish to have the invoice sent to any other address, fill out the following section:

Name:

City: Street:

Country: Post code:

6. CANCELLATION AND REFUND

Cancellations should be notified in written form to MOTESZ Congress and Travel Agency (address above).
 In case of accommodation fees, for the cancellations received by **16 July 2010** the participants will be given full refund less 20 % administration fee. After this date we can not accept any cancellations and no refund will be given.
 In case of optional program fees, cancellation received before **16 July 2010** will result the full refund less a 20 % administrative charge. Cancellation received after this date will not be eligible for a refund. Substitute delegates will be accepted. Name substitutions are accepted at any time at an extra charge of 20 EUR.
 In case of registration fees, cancellation received before **1 August 2010** will result the full refund less a 20% administrative charge. Cancellations received after this date will not be eligible for a refund. Substitute delegates will be accepted. Name substitutions are accepted at any time at an extra charge of 20 EUR.
 The participant states by the filling and returning of this form that he/she accepts the conditions above.

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Date

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Signature of the participant