



REGISTRATION AND HOTEL BOOKING FORM

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

Blaguss Ltd. Congress Bureau: POB 42., H-1364 Budapest 4., Hungary

Phone: + 36 1 374 7030 • Fax: + 36 1 312 1582

E-mail: wbc2008@blaguss-congress.hu • Website: www.xxvwbc2008.com

Personal Data

Title Prof. / Dr. / Mr. / Mrs. / Miss.

Family Name

First Name

Institution

Postal Code Street

City Country

Phone Fax

Email

Accompanying Person Name(s) 1.

2.

I need invitation letter for VISA purpose. (Express mail fee from 30 €) Yes No

To be issued for Name and Address:

Registration Fee

Registration	Early Bird Fees Until March 31, 2008	Regular Fees Until July 1, 2008	On Site Fees After July 1, 2008
Full Registration	<input type="checkbox"/> 492 €	<input type="checkbox"/> 612 €	<input type="checkbox"/> 732 €
Student registration	<input type="checkbox"/> 216 €	<input type="checkbox"/> 276 €	<input type="checkbox"/> 336 €
Retired registration	<input type="checkbox"/> 216 €	<input type="checkbox"/> 276 €	<input type="checkbox"/> 336 €
Accompanying person	<input type="checkbox"/> 216 €	<input type="checkbox"/> 276 €	<input type="checkbox"/> 336 €
Daily ticket	-	-	<input type="checkbox"/> 180 €
Middle European Buiatrics Congress fee*	<input type="checkbox"/> 246 €	<input type="checkbox"/> 306 €	<input type="checkbox"/> 366 €
Scholarship*	<input type="checkbox"/> 0 €	-	-
Exhibitor Registration fee	<input type="checkbox"/> 216 €	<input type="checkbox"/> 276 €	<input type="checkbox"/> 336 €

*Please find the details in the Second Announcement or the website. The prices include 20 % VAT.

Applicant's name: _____

Hotel Accommodation

Hotels Prices indicated in € per room, per night, including breakfast and all taxes	Single Room €	Double Room €
New York Boscolo*****	Standard / Superior <input type="checkbox"/> 239 / <input type="checkbox"/> 269	Standard / Superior <input type="checkbox"/> 259 / <input type="checkbox"/> 289
Intercontinental Hotel Budapest*****	Standard / Danube view <input type="checkbox"/> 168 / <input type="checkbox"/> 198	Standard / Danube view <input type="checkbox"/> 188 / <input type="checkbox"/> 218
Kempinski Hotel Corvinus Budapest*****	Standard / Superior <input type="checkbox"/> 179 / <input type="checkbox"/> 204	Standard / Superior <input type="checkbox"/> 204 / <input type="checkbox"/> 228
Sofitel Atrium Budapest*****	Standard / Danube view <input type="checkbox"/> 179 / <input type="checkbox"/> 214	Standard / Danube view <input type="checkbox"/> 204 / <input type="checkbox"/> 239
Westend Hilton*****	<input type="checkbox"/> 176	<input type="checkbox"/> 200
Danubius Hotel Astoria****	<input type="checkbox"/> 130	<input type="checkbox"/> 140
Best Western Grand Hotel Hungária****	<input type="checkbox"/> 100	<input type="checkbox"/> 110
Mercure Budapest Korona****	<input type="checkbox"/> 105	<input type="checkbox"/> 120
Mercure Budapest Nemzeti****	<input type="checkbox"/> 94	<input type="checkbox"/> 108
IBIS Budapest Heroes Square***	<input type="checkbox"/> 86	<input type="checkbox"/> 96
City Hotel Mátyás***	<input type="checkbox"/> 90	<input type="checkbox"/> 100
Hotel Erzsébet***	<input type="checkbox"/> 110	<input type="checkbox"/> 110
Domina Inn Fiesta Hotel***+	<input type="checkbox"/> 86	<input type="checkbox"/> 110
Ibis Budapest Emke***	<input type="checkbox"/> 83	<input type="checkbox"/> 92
Hotel Stadion***	<input type="checkbox"/> 90	<input type="checkbox"/> 102
Richter Hotel & Panzió***	<input type="checkbox"/> 55	<input type="checkbox"/> 66
Veritas Hotel***	<input type="checkbox"/> 62	<input type="checkbox"/> 70
Hotel Unio***	<input type="checkbox"/> 76	<input type="checkbox"/> 96
Hotel Zugló***	<input type="checkbox"/> 50	<input type="checkbox"/> 60
ELTE Youth Hostel	<input type="checkbox"/> 25	<input type="checkbox"/> 30
Arrival date	Departure date	Number of nights

First choice _____

Second choice _____

Special requests _____

I would like to share my room with Accompanying person / Participant name: _____

Hotel reservation will be made only on receipt of 2-night hotel deposit. _____

Applicant's name: _____

Optional Workshops

	W 2	W 3	W 4	W 5	W 6	W 7	W 8 AM
Price	<input type="checkbox"/> 145 €	<input type="checkbox"/> FREE	<input type="checkbox"/> 75 €	<input type="checkbox"/> 145 €	<input type="checkbox"/> 100 €	<input type="checkbox"/> 95 €	<input type="checkbox"/> 25 €
Date	July 5	July 10	July 11	July 11	July 11	July 11	July 11

Optional Social Events and Tours

Optional Social Events	Price	Person(s)	Amount
Traditional Hungarian Dinner Tuesday, July 8, 2008 19.00-23.00	70 €		
Evening Danube Cruise Wednesday, July 9, 2008 20.00-22.00	60 €		
Gala Dinner (with registration) Thursday, July 10, 2008 20.00-24.00	60 €		
Gala Dinner (without registration) Thursday, July 10, 2008 20.00-24.00	90 €		

Optional Tours	Price	Person(s)	Amount
Around at Lake Balaton July 5-6, 2008	240 € (Single supplement: 40 €)		
Eastern part – Vine-region of Tokaj July 5-6, 2008	240 € (Single supplement: 40 €)		
Budapest - Wien - Bratislava - Prague July 3-6, 2008	610 € (Single supplement: 150 €)		
Sightseeing tour in Budapest 9.00-13.00 <input type="checkbox"/> Monday, July 7, 2008 <input type="checkbox"/> Tuesday, July 8, 2008 <input type="checkbox"/> Wednesday, July 9, 2008	25 € Including in the accompanying person`s fee		
The Jewish Sights of Budapest Tuesday, July 8, 2008 9.30-13.30	30 €		
Danube Bend Tour Wednesday, July 9, 2008 9.30-16.00	70 €		
Budapest Art Tour Thursday, July 10, 2008 9.30-13.00	30 €		
Excursion to Hortobágy National Park Friday, July 11, 2008 8.30-late night	130 €		
Excursion to Cattle-Breeding Farm of Enying Agricultural Co. Friday, July 11, 2008 9.00-16.00	60 €		

Applicant's name: _____

Payment

Payment	Total
Registration fee	_____ €
2-night Hotel Deposit	_____ €
Optional Workshops	_____ €
Optional Social Events	_____ €
Optional Tours	_____ €
Total:	_____ €

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

<input type="checkbox"/> Credit Card	
Please charge € <input type="text"/> to my <input type="checkbox"/> VISA <input type="checkbox"/> EC/MC <input type="checkbox"/> AMEX	
<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"/>	
Card number	

Cardholder's name	

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

Expiry date	

CVC Code (only VISA and EC/MC)	
(the last three digits on the back of the credit card where the signature is)	

<input type="checkbox"/> Cheque	<input type="checkbox"/> Bank Transfer
Payable to Blaguss Ltd. Congress Bureau POB 42., 1364 Budapest 4., Hungary	Account Holder's Name: Blaguss Ltd. IBAN Number: HU91 1091 8001 0000 0005 3941 0026 Bank: UniCredit Bank (H-1052 Budapest, Szervita tér 8.) Swift Code: BACXHUHB Please indicate "WBC2008"
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 Second Announcement and the official website.

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Date

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Signature