CECR 2010

8th Central European Congress of Rheumatology

23rd–25th September 2010, Sopron, Hungary Liszt Ferenc Conference and Cultural Center

Hotel and Dining Registration Form

Please send this application form to the following address until the 31st May 2010. If the costs are settled by your company, the application is valid only with the signature and stamp of the company's representative.

Dekantil Ltd., H-1014 Budapest, Országház u. 2.

Tel.: (36-1) 213-6222, Fax: (36-1) 214-3814, E-mail: dekantil@t-online.hu

Please print clearly in	block capitals:	
Family Name		Prof / Dr / Mr / Mrs / Ms
First Name		
Institution / Organ	nisation	
Sponsoring comp	any	
Mailing address _		
Zip code		_ City Country
Phone		Fax
E-mail		
Accompanying pe	erson: Family na	ame
First name		
I hereby book th	ne following ac	commodation (please, tick the appropriate):
Hotel	Room type	Prices are per room per night and include the breakfast and all the taxes
Hotel Fagus****	single	25 900 HUF
	double	33 900 HUF
Hotel Lövér****	single	23 400 HUF
	double	25900 HUF
Date of arrival:	Septer	mber 2010 Date of departure: September 2010
Number of nights:	: LLL Numb	er of participants:
I wish to share my	y room with:	
		arrival. The costs have to be settled in advance within the payment due time by banking remittance. but finally not used, have to be paid as well.)
I hereby reserve	lunch for the	following days, for the following number of people:
		tember, 25 th September, 26 th September e (3 course with mineral water) – 3800 HUF/person/occasion.
accept the conditions	and rules applied	additional charges until 15 th June 2010. By submitting this form I express my acknowledgement and for registration, participation, hotel accommodation, payments, and also the general conditions and entral European Congress of Rheumatology.
Nate		Signature