



XIV EACLPP

Annual Scientific Meeting
European Association for
Consultation-Liaison Psychiatry
and Psychosomatics

30 June - 2 July, 2011
BUDAPEST, HUNGARY

Interventions in Consultation-Liaison Psychiatry and Psychosomatic Medicine

Registration Form

PERSONAL DATA

Prof. Dr. Mr. Ms.

Family name: _____ First name: _____

Institution: _____

Department: _____

Street: _____

City: _____ Postal code: _____

Country: _____

Phone: _____ Fax: _____

Mobile: _____ Email: _____

REGISTRATION FEE

| Registration type | Early bird until 30 April, 2011 | Regular registration after 30 April, 2011 |
|---------------------|-----------------------------------|---|
| EACLPP member | <input type="checkbox"/> 200 Euro | <input type="checkbox"/> 250 Euro |
| Non-member | <input type="checkbox"/> 240 Euro | <input type="checkbox"/> 290 Euro |
| Reduced fee ** | <input type="checkbox"/> 190 Euro | <input type="checkbox"/> 240 Euro |
| Daily ticket | <input type="checkbox"/> 95 Euro | <input type="checkbox"/> 95 Euro |
| Accompanying person | <input type="checkbox"/> 90 Euro | <input type="checkbox"/> 110 Euro |

** For visitors from Eastern European Countries, students and residents
Registration fees include 25% VAT.

Cancellation Policy of Registration

All the cancellations and changes must be sent to the Congress Organiser (CongressLine Ltd.) in written form. All refunds will be processed after the EACLPP 2011 Meeting. Please send your exact bank account details in a written cancellation. Refund of the registration fee will be made as follows: 100% refund (minus an administrative fee of 50 Euro) – in case of cancellation, received before 30 May, 2011.

No refund – in case of cancellation, received after 30 May, 2011

ACCOMMODATION

| Hotel | Single | Double |
|------------------------|----------------------------------|----------------------------------|
| Ramada Budapest**** | <input type="checkbox"/> 80 Euro | <input type="checkbox"/> 90 Euro |
| Hotel Sissi*** | <input type="checkbox"/> 60 Euro | <input type="checkbox"/> 75 Euro |
| Hotel City Inn*** | <input type="checkbox"/> 49 Euro | <input type="checkbox"/> 59 Euro |
| Hotel Thomas** | <input type="checkbox"/> 47 Euro | <input type="checkbox"/> 58 Euro |
| Hotel Swing City*** | <input type="checkbox"/> 44 Euro | <input type="checkbox"/> 55 Euro |
| Hotel Rila Budapest*** | <input type="checkbox"/> 36 Euro | <input type="checkbox"/> 42 Euro |

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

Arrival date: _____ Departure date: _____ Number of nights: _____

Special request: _____

I would like to share my room with: _____

Cancellation Policy of Accommodation

All the cancellations and changes must be sent to the Congress Organiser in written form. All refunds will be processed after the EACLPP 2011 Meeting. Please send your exact bank account details in the written cancellation. Refund of the hotel deposit sent to the Congress Organiser (CongressLine Ltd.) will be made as follows: 100% refund (1 night deposit) – in case of cancellation, received before 25 May, 2011.

No refund (1 night hotel deposit will be charged) – in case of cancellation, received after 25 May, 2011.

Social Programme & Tours

| Tour | Price | Person(s) | Amount |
|---|------------------|-----------|--------|
| Evening Gala Cruise Friday, 1 July, 2011 • 20.00-23.00 | 65 Euro / person | | Euro |
| The Jewish Sights of Budapest Thursday, 30 June • 11.00-14.00 | 30 Euro / person | | Euro |
| Sightseeing Tour in Budapest Friday, 1 July • 09.00-13.00 | 25 Euro / person | | Euro |
| Budapest Art Tour Saturday, 2 July • 09.30-13.00 | 30 Euro / person | | Euro |

Cancellation Policy of Social Programme and Tours

All the cancellations and changes must be sent to the Congress Organiser in written form. All refunds will be processed after the EACLPP 2011 Meeting. Please send your exact bank account details in the written cancellation.

Refund of the tours deposit sent to the Congress Organiser (CongressLine Ltd.) will be made as follows:

100 % refund (minus an administrative fee of 10 Euro) in case of cancellation, received before 30 May, 2011.

METHOD OF PAYMENT

| <input type="checkbox"/> Credit Card | |
|--|---|
| Please charge _____ € to my <input type="checkbox"/> VISA <input type="checkbox"/> EC/MC <input type="checkbox"/> AMEX | |
| Card number: _ _ _ _ - _ _ _ _ - _ _ _ _ - _ _ _ _ | |
| Cardholder's name: | |
| Billing address of the cardholder*: | |
| Expiry date: | CVC code (only VISA and EC/MC)**: |
| <i>* Where the bank sends the bank account information</i> | <i>** The last three digits on the back of the credit card where the signature is</i> |

| <input type="checkbox"/> Bank transfer | <input type="checkbox"/> Please send me an invoice in advance |
|---|---|
| Account holder's name: CongressLine Ltd. Bank: K&H Bank Zrt. (H-1051 Budapest, Vigadó tér 1. Hungary) IBAN number: HU19 10404027 50504851 52551011 Swift code: OKHBHUHB Please indicate "2011/1" | Company name and invoicing address: Reference number / person: |

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.

PAYMENT

| Payment | Total | Statement |
|---|-------|---|
| Registration fee | € | I have read and accept the cancellation terms: <input type="checkbox"/> Date: _____ Signature: _____ |
| Hotel Accommodation (one night fee hotel deposit) | € | |
| Social Programme & Tours | € | |
| Total | € | |

Please type or use block letters and return to:

CongressLine Ltd. • H-1065 Budapest, Révay köz 2., Hungary • Phone: +36 1 429 0146; Fax: +36 1 429 0147