



REGISTRATION FORM

Please fill in and send to: Evacon Ltd.

Email: eva@evacon.hu

Address: H-1136 Budapest, Tatra str. 34., HUNGARY

Tel.: +36-30 951-4480

Early Bird Registration deadline:

1st May, 2018

I am interested as a

speaker

poster presenter

participant

exhibitor

sponsor

PERSONAL DATA (Please, print or type)

Family name:..... First name:.....

Title:.....

Gender: male female

Institution/Office:.....

Street:.....

ZIP Code:.....City:.....

Country:.....

Phone:.....Fax:.....

Email:.....

Invoicing address (if different from above)

Company name:.....

Street:.....ZIP code:.....City:.....

Country:.....

VAT number:.....

Accompanying person

Family name:.....First name:.....

In case you sent your registration by E-mail you should receive a confirmation within 7 days.

If you have further questions please contact us at ppxix@evacon.hu

REGISTRATION FEE (✓Please tick)

Acknowledgement of registration will be sent after receiving your payment.

| REGISTRATION FEE | Early Bird Fee | Standard Fee | Late Fee |
|----------------------------|------------------------------------|------------------------------------|------------------------------------|
| | until 1st May 2018 | after 1st May 2018 | after 7th September 2018 |
| Participants | <input type="checkbox"/> USD 1 300 | <input type="checkbox"/> USD 1 500 | <input type="checkbox"/> USD 1 700 |
| Accompanying person | <input type="checkbox"/> USD 450 | <input type="checkbox"/> USD 450 | <input type="checkbox"/> USD 450 |

50% refund till 30th June,2018. No refund after 1st July 2018- but delegate substitution is permitted.

The registration fee for participants includes:

- Participation in the scientific program
- Set of conference proceedings
- Coffee-breaks during the conference days, and lunches on 3 days
- Access to the social programs (Welcome Reception and Gala Dinner)
- Conference package

The registration fee for accompanying persons includes:

- Participation in the Welcome Reception
- Attendance at the Gala Dinner Celebration

PAYMENT METHOD

Registration fees may be paid in one of the ways:

Bank transfer to Evacon Ltd with indication "PPXIX and participant's name"
K&H Bank, H-1124 Budapest, Csörsz u. 43., HUNGARY
Bank account number: 10401093-50526756-50561016
IBAN Code: HU78 10401093-50526756-50561016 SWIFT
Code: OKHBHUHB

Please charge my **credit card** VISA MASTER CARD AMEX
Card number:.....
Expiry date: CVV code:.....
Cardholder's name and address:.....

I, the undersigned, certify to have read and agree the above mentioned conditions concerning registration, payments, cancellation and refunds.

Date:.....**Signature:**.....

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