



RESERVATION FORM



EUROPEAN CONFERENCE ON AEROSPACE MEDICINE BUDAPEST – HUNGARY, 13th – 14th November, 2008

Venue: HungaroControl Hungarian Air Navigation Services Pte. Ltd. Co.
Conference Center, H-1185 Budapest, Igló st. 33-35.

Conference organiser: HBL Travel Ltd., 1092 Budapest, Erkel u. 13/a.
Tel.: (+36-1) 299 0686; Fax: (+36-1) 299-0685; E-mail: incoming@hbl.t-online.hu

1. Participant

Mrs.	<input type="checkbox"/>	Ms.	<input type="checkbox"/>	Mr.	<input type="checkbox"/>	Dr.	<input type="checkbox"/>	Prof.	<input type="checkbox"/>
Last Name									
First Name									
Job Title									
Organization									
Address									
Zip Code / City				Country					
Tel				Fax					
E-Mail									

2. Registration fee:

Advance registration fee (until 10th October, 2008): **175 EUR / person**

Registration fee (from 11th October, 2008): **200 EUR / person**

Please note: For security reasons not registered guests are not allowed to enter the conference venue, therefore they are not issued either conference material or certificate.

Total registration fee: _____ **EUR**

3. Hotel reservation:

Hotel rates including breakfast and taxes	Single Room rates /night	Nr of rooms	Double Room rates / night	Nr of rooms
Mercure Museum****	55		68	
Mercure Korona****	85		102	
Hotel Astoria****	89		101	
Ibis Centrum***	60		75	

Arrival Date:		Departure Date:		Nr. of nights:	
I wish to share my room with:					
Other Requests:					

Total hotel fee: _____ **EUR**

4. Other Events:

	Date			Price per person	Nr. of participants
Professional tours (optional) Max. 30 participants (first come-first serve base) Further information will be provided by the end of June. 1) Visit to HungaroControl- The ATC workplace	Afternoon, November 12th			45 EUR	
	2) Flight simulator trainings (B-737 and PPL / CPL operation)			45 EUR	
Gala dinner	November 14th			Incl. in registration fee. Not registered guests: 60 EUR / person	
Dinner cruise on the Danube	Nov.	12	13	62 EUR	
Budapest city tour	Nov.	12	13	26 EUR	

Total fee for events: _____EUR

5. Airport-hotel / hotel-airport transfers:

I request the following transfers:		Upon arrival <input type="checkbox"/>	At departure <input type="checkbox"/>
Rate / one way / car (up to 4 persons):		20 EUR	20 EUR
Arrival Date:		Departure Date:	
Arrival time:		Departure Time:	
Flight Nr:		Flight Nr:	

Total transfer fee: _____EUR

Total payment:	_____EUR
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6. Payment:

I wish to pay by: **bank transfer** **PayPal** **credit card**

PayPal: In case of this option we do not need your credit card information, after registration you will receive an invoice from PayPal and you can pay fast and securely. Payment does not require PayPal registration.

Bank Transfer:

Account holder:	HBL Travel Ltd.
Address:	H-1092 Budapest, Erkel u. 13/a
Bank:	K&H Bank
Address:	H-1051 Budapest, Vigado ter 1
IBAN Nr:	HU38-10400126-50484857-57501010
Swift code:	OKHBUHBB

Credit card payment:

I hereby authorise HBL Travel Ltd, Budapest to charge my credit card with _____EUR.
 Euro / Master Card Visa

Card Number: _____ Expiry Date: _____

Cardholder's Name (in capital letters): _____

CVV number (the last three digits on the back of the credit card): _____

FOR SECURITY REASONS THIS INFORMATION CAN BE SENT IN A SEPARATE MAIL, FAX OR BY PHONE

Date: _____ Signature: _____

THE FORM CAN BE FILLED IN BY COMPUTER, BUT AN ORIGINAL SIGNATURE OF THE CARD HOLDER IS NEEDED FOR THE PROCEDURE.

Registration deadline: October 10th, 2008. Registrations after deadline depend on availability.

7. Cancellation conditions:

HBL Travel accepts cancellations in writing only.

Registration and reservation fees will be fully refunded before October 15th, 2008.

Between October 16th and November 1st 1 night accommodation and 50% of the registration fee will be charged.

After November 2nd 100% cancellation fee (for all reservations and registration fee) will apply.

I agree with the payment and cancellation policy of the event.

Date: _____ Signature: _____