

REGISTRATION FORM
Join Meeting of Immunology and Clinical Allergology
April 28 – May 1, 2010, Ramada Hotel, Sibiu, Romania

Delegate		
Prof.	Dr.	Mr.
Mrs.		
Surname		
First Name		
Hospital / Institution		
Position		
Adress	Phone	Fax.....
	E-mail	City
	Zip Code	Country

Accompanying person	
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Registration fees:		
	Before 1 st April 2010	After 1 st April
Regular participants	100 euro	125 euro
Resident	50 euro	75 euro
Students	30 euro	45 euro
Accompanying persons	50 euro	50 euro

Note: * For fees paid after April 1 or on-site does not guarantee receipt of the maps of Congress
 ** All fields are required to complete form.

Registration fees include:

- Map of Congress
- Access to classrooms and spaces for coffee breaks
- Opening Cocktail

Hotel Reservation			
Hotel	Category	Single	Double
Ramada	****	79 Eur	89 Eur
Continental Forum Sibiu	****	72 Eur	85 Eur
Ibis	***	46 Eur	56 Eur

Date In.....	Date Out.....
Occupancy Single <input type="checkbox"/> Double <input type="checkbox"/> Twin <input type="checkbox"/>	

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Total Euro or Lei.....

Breakfast and all taxes are included

Signature.....

Date

Do not forget to sign

Please complete and return this form to the official secretariat until March 30, 2010

CONDITION OF PAYMENT

Bank: ALPHA BANK DOROBANTI sector 1 Bucharest, Romania

- Bank account (lei): RO89BUCU046593422511RO98
- Bank account (euro): RO46BUCU046593422511EU01

Please specify in your payment order the name of the participant and BAIS

Please complete and return this form to the official secretariat of Congress until March 30, 2010

Organiser: TARGET CONSULTING GROUP

Operator: TOP MANAGEMENT EVENTS

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