



INTERNATIONAL SOCIETY FOR THE STUDY OF HYPERTENSION IN PREGNANCY

ISSHP European Congress

BUDAPEST, HUNGARY 24-26 September, 2015

Registration and Hotel Booking Form

Please fill with capital letters and send back to the Conference Office.

CongressLine Ltd.

Contact: Zoltan Revhegyi, H-1065 Budapest, Révay köz 2.
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All fields marked with an asterisk (*) are required.

DELEGATE

First name *

Family name *

Company name *

Postal code *

City *

Country *

Company address *

E-mail *

Phone *

Fax

REGISTRATION

Registration type	Early bird fee until 30 June, 2015	Regular fee from 30 June, 2015	On site fee
ISSHP members	<input type="checkbox"/> 480 EUR	<input type="checkbox"/> 550 EUR	<input type="checkbox"/> 650 EUR
ISSHP non-members	<input type="checkbox"/> 600 EUR	<input type="checkbox"/> 670 EUR	<input type="checkbox"/> 770 EUR
ISSHP student	<input type="checkbox"/> 290 EUR	<input type="checkbox"/> 340 EUR	<input type="checkbox"/> 470 EUR
Non-member ISSHP student	<input type="checkbox"/> 350 EUR	<input type="checkbox"/> 430 EUR	<input type="checkbox"/> 550 EUR
ISSHP members from Eastern and South-Eastern European countries	<input type="checkbox"/> 190 EUR	<input type="checkbox"/> 240 EUR	<input type="checkbox"/> 290 EUR
ISSHP non-members Eastern and South-Eastern European countries	<input type="checkbox"/> 240 EUR	<input type="checkbox"/> 290 EUR	<input type="checkbox"/> 330 EUR
Invited (eg. State of the Art Lecturer, Plenary Speaker)	<input type="checkbox"/> 0 EUR	<input type="checkbox"/> 0 EUR	<input type="checkbox"/> 0 EUR
Accompanying fee	<input type="checkbox"/> 150 EUR	<input type="checkbox"/> 150 EUR	<input type="checkbox"/> 150 EUR

All fees include VAT (Value Added Tax, 27% in Hungary).

ACCOMMODATION

Hotel	Single	Double
Hilton Budapest Hotel (closest to the conference venue) own booking site H-1014 Budapest Hess András tér 1-3.	<input type="checkbox"/> 194 EUR	<input type="checkbox"/> 218 EUR
Baltazár Hotel H-1014 Budapest, Országház utca 31.	<input type="checkbox"/> 151 EUR	<input type="checkbox"/> 151 EUR
Art'otel Budapest H-1011 Budapest, Bem rakpart 16-19.	<input type="checkbox"/> 119 EUR <input type="checkbox"/> 134 EUR (Danube view)	<input type="checkbox"/> 129 EUR <input type="checkbox"/> 144 EUR (Danube view)
Buda Castle Fashion Hotel H-1014 Budapest, Uri utca 39.	<input type="checkbox"/> 115 EUR	<input type="checkbox"/> 125 EUR
Hotel Castle Garden H-1012 Budapest, Lovas út 41.	<input type="checkbox"/> 96 EUR <input type="checkbox"/> 108 EUR (Superior room)	<input type="checkbox"/> 106 EUR <input type="checkbox"/> 126 EUR (Superior room)
Carlton Hotel Budapest H-1011 Budapest, Apor Péter utca 3.	<input type="checkbox"/> 89 EUR	<input type="checkbox"/> 99 EUR
Mercure Budapest Buda H-1013 Budapest, Krisztina körút 41-43.	<input type="checkbox"/> 87 EUR	<input type="checkbox"/> 99 EUR
Burg Hotel H-1014 Budapest, Szentáromság tér 7-8.	<input type="checkbox"/> 66 EUR	<input type="checkbox"/> 80 EUR
Erzsébet Guest House (on-site hotel) H-1014 Budapest, Szentáromság tér 6.	<input type="checkbox"/> 50 EUR	<input type="checkbox"/> 66 EUR

Room rates are indicated in Euros, and per room per night, including all taxes and breakfast.

Date of Arrival *

Date of Departure *

Number of nights *

 I would like to share my room and room costs with the following delegate: I would like to share my room with my accompany:**SOCIAL PROGRAMME**

Programme	Price/person	Pax	Amount
Evening Gala Cruise Friday, 25 September, 2015, 20.00-23.00	<input type="checkbox"/> 75 EUR		EUR

Guided Visits to Semmelweis Museum Please choose a date!		Pax
<input type="checkbox"/> Thursday, 24.09.15, 12.00-13.30	<input type="checkbox"/> Thursday, 24.09.15, 16.30-18.00	
<input type="checkbox"/> Friday, 25.09.15, 10.00-11.30	<input type="checkbox"/> Friday, 25.09.15, 13.30-15.00	
<input type="checkbox"/> Saturday, 26.09.15, 13.30-15.00		

PAYMENT

Payment type	Amount
Registration subtotal	EUR
Accommodation subtotal	EUR
Programmes subtotal	EUR
TOTAL PAYABLE	EUR

METHOD OF PAYMENT **CREDIT CARD**Please charge EUR to my VISA EC/MC AMEX

Cardholder's name *

Billing address of the Cardholder *

Card number *

Expiry date *

CVC code¹ *¹The last three digits on the back of the credit card where the signature is - only VISA and EC/MC **BANK TRANSFER****Account holder's name:** CongressLine Ltd.**Bank:** K&H Bank Zrt. (H-1095 Budapest, Lechner Ödön fasor 9.)**IBAN number:** HU19 10404027 50504851 52551011**Swift code:** OKHBHUHB

Please indicate "ISSHP2015"

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.

 PLEASE SEND ME INVOICE IN ADVANCE

Name for invoice *

Reference name or number for the invoice *

Tax number (if company) *

Address for invoice *

 I have read and accepted the ISSHP 2015 Terms & Conditions as on the website.

Date

Signature