



Registration & Hotel Booking Form

EVOLUTION OF SEX ROLES 2017

6-9 April, 2017

Tihany, Hungary

Please type or use capitals and return to CONGRESSLINE Ltd.

H-1065 Budapest, Révay köz 2., Hungary • Phone: +3614290146 • Fax: +3614290147 • E-mail: golob@congressline.hu

PERSONAL DATA		Title: <input type="radio"/> Prof <input type="radio"/> Dr	Sex: <input type="radio"/> Male <input type="radio"/> Female
Family Name:			
First Name:			
Institution:			
Department:			
Address:			
City:	Postal Code:	Country:	
Phone:	Fax:		
E-mail:			
<input type="radio"/> Register as Regular participant (125 EUR)		<input type="radio"/> Register as Student/Phd Student (80 EUR)	
I will attend to:		<input type="radio"/> Farewell Dinner on Saturday, 8 April 2017	
<input type="radio"/> Welcome reception on Thursday, 6 April 2017			
I will submit an abstract: <input type="radio"/> Yes <input type="radio"/> No			
I sign up to optional tour on Sunday, 9 April 2017:		<input type="radio"/> Keszthely sightseeing & Hévíz thermal bath tour (65 EUR)	
<input type="radio"/> Keszthely sightseeing tour (45 EUR)			
ACCOMMODATION			
	SINGLE	DOUBLE	TRIPLE
MTA GUESTHOUSE Lakeside orientation <i>H-8237 Tihany, Klebelsberg Kuno u. 3 .</i>	<input type="radio"/> 54 EUR/night	<input type="radio"/> 62 EUR/night	<input type="radio"/> 90 EUR/night
MTA GUESTHOUSE Streetside orientation <i>H-8237 Tihany, Klebelsberg Kuno u. 3 .</i>	<input type="radio"/> 50 EUR/night	<input type="radio"/> 58 EUR/night	<input type="radio"/> 84 EUR/night
MUOSZ GUESTHOUSE <i>H-8237 Tihany, Klebelsberg Kuno u. 2.</i>	<input type="radio"/> 45 EUR/night	<input type="radio"/> 62 EUR/night	---
Date of arrival at hotel (YYYY-MM-DD): □□□□-□□-□□	Number of nights: □□		
Date of departure from hotel (YYYY-MM-DD): □□□□-□□-□□	Special requests:		
<input type="radio"/> Roommate(s) name:		<input type="radio"/> Please find me a roommate!	

ORDERS SUMMARY

Registration subtotal:	EUR
Optional program subtotal:	EUR
Accommodation subtotal:	EUR
TOTAL:	EUR

 I PAY BY CREDIT CARDPlease charge _____EUR* to my VISA EC/MC AMEXCard number: - - - Expiry date (MM/YY): / CVV Code** (VISA or EC/MC):

Cardholder's name: _____

Billing address of the cardholder: _____

*Please note that our Office will debit your credit card in EUR. **the last three digits on the back of the credit card where the signature is

 I WILL TRANSFER THE ORDERED AMOUNT**Account holder's name:** CongressLine Kft.**Bank:** K&H Bank Zrt. (1095 Budapest, Lechner Ödön fasor 9.)**IBAN Number:** HU19 10404027 50504851 52551011**SWIFT Code:** OKHBHUHBPlease **indicate "2017/23" and name of participant** upon the transfer*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.***RECEIPT / BILL / INVOICE DETAILS**

Name: _____

Address: _____

Reference (if any): _____

Tax number (if company): _____

Date: _____

Signature: _____