

SAVE THE DATE

10th CEHC

MARCH 18-19,
2020

THERMAL HOTEL VISEGRÁD****
HUNGARY

MARCH 19-21, 2020

HEPATOLOGY

ANNUAL CONFERENCE

2020

Conference Registration Form

PRE-CONFERENCE 10th CEHC (Central European Hepatologic Collaboration)

DATE 18 - 19. 03. 2020.

CONFERENCE HEPATOLOGY 2020

DATE 19 - 21. 03. 2020.

LOCATION THERMAL HOTEL VISEGRÁD**** | 2025 Visegrád, Lepence-völgy Hrsz.:1213

GUEST NAME

ADDRESS

COMPANY

STAMPNR.

TEL

E-mail:

Detailed information regarding the conference and the scientific program can be found on the

www.hepatologia.medicongressbudapest.com webpage.

REGISTRATION FEE*	until 10th January 2020.	until 19. March 2020.
10 th CEHC & HEPATOLOGY 2020 UNITED CONFERENCE 18-21. 03. 2020.	<input type="checkbox"/> 44.500,- HUF/ps.	<input type="checkbox"/> 53.500,- HUF/ps.
10 th CEHC CONFERENCE 18-19. 03. 2020.	<input type="checkbox"/> 16.500,- HUF/ps.	<input type="checkbox"/> 18.500,- HUF/ps.
HEPATOLOGY 2020 CONFERENCE 19-21. 03. 2020.	<input type="checkbox"/> 39.500,- HUF/ps.	<input type="checkbox"/> 48.500,- HUF/ps.
DAILY TICKET		<input type="checkbox"/> 17.500,- HUF/ps.

ACCOMODATION**	SINGLE ROOM	DOUBLE ROOM
18. MARCH 2020.	<input type="checkbox"/> 41.500,- HUF/ps.	<input type="checkbox"/> 31.500,- HUF/ps.
19. MARCH 2020.	<input type="checkbox"/> 41.500,- HUF/ps.	<input type="checkbox"/> 31.500,- HUF/ps.
20. MARCH 2020.	<input type="checkbox"/> 41.500,- HUF/ps.	<input type="checkbox"/> 31.500,- HUF/ps.
21. MARCH 2020.	<input type="checkbox"/> 41.500,- HUF/ps.	<input type="checkbox"/> 31.500,- HUF/ps.

IN CASE OF DOUBLE ROOM, PLS. NAME THE PREFERRED ROOMMATE:

*Registration fee contains the registration, scientific program, exhibition, lunch, coffee breaks and VAT. **Accommodation contains breakfast, dinner and VAT. ***Valid registration and accommodation can only be cancelled via mail or fax the latest until 10. January 2020 free of charge. Any cancellation between 10th January and 10 February 2020. will result in 50% penalty. Cancellations after 10. February 2020. will mean 100% penalty.

I will cover my participation and transfer all cost of the conference to the following bank account: MEDICONGRESS HUNGARY KFT.; IBAN HU22 1202 0407 0147 1761 0010 0004; SWIFT: UBRTHU33 Send the invoice to the following address: _____

My participation is sponsored by the following company: _____
Address: _____

Kindly send the above registration form to one of the following addresses (e-mail, post or fax):

MEDICONGRESS HUNGARY KFT.
H-2051 Biatorbágy, Móricz Zs. street 13.
Fax: +361 455 81 27

info@medicongressbudapest.com
monika.villert@gmail.com

DATE _____

SIGNATURE _____

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