

REGISTRATION FORM



17th European Fusion Physics Workshop December 7th – 9th December 2008 Velence Resort & Spa, Velence, Hungary

Nominated Participants should fill in this form and send it – before November 6th – to

Gabor Veres-Fax: +3613922598 - veres-efpw17@rmki.kfki.hu

| Last name | | First na | me | |
|---|-------------|----------------------|-----------|--|
| Laboratory/Institute | | | | |
| Address | | | | |
| Email: | | Phone/I | Fax: | |
| Accompanying Person | | | | |
| | | | | |
| Arrival Date: | | Arrival ⁻ | Γime: | |
| Flight No: | | From: | | |
| Departure Date: | | Departu | ıre Time: | |
| Flight No: | | To: | | |
| We will organise transport on Sunday, 6 th December and Wednesday, 9 th December | | | | |
| REGISTRATION FEES: all fees are in EURO (€) | | | | |
| | Please Tick | | | |
| Registration Fee | | €500 | | |
| Includes a single room at the Velence Resort & Spa and meals from dinner on Sunday, 6 th December to lunch on Wednesday, 9 th December 2009, including Gala Dinner on Tuesday, 8 th December 2009. | | | | |
| This does not include any other charges to your room and these must be settled with the hotel prior to departure. | | | | |
| ueparture. | | | | |
| Accompanying Persons | | €230 | | |
| This includes three nights accommodation, bed & breakfast and dinners. This fee is to be paid at the time of registration. | | | | |
| TOTAL FEE IN EURO (€) | | | | |
| | | | | |
| Additional Nights €70 (bed & breakfast) per person, per night We will reserve the room with the hotel but you will have to settle this account with the hotel when departing. | | | | |
| Dates additional nights required: | | | | |
| Dates additional nights red | quired: | | | |

Group payment is welcome. In the case of a group payment, please send to local organisers, by fax or email (details above) of participants including the name of your institution.

PAYMENT BY BANK TRANSFER

Bank Name: Magyar Államkincstár

Bank Address: Váci u. 71, H-1139 Budapest, Hungary Account Name: Előirányzat-felhasználási keretszámla IBAN: HU 15 1003 2000 0173 1134 0000 0000

BIC: **MANEHUHB**

When completing the Bank Transfer, it is very important to Quote "Delegate Name & EFPW17" in the

Remitters Message to Beneficiary.