

REGISTRATION AND ACCOMMODATION FORM
XXI. International Conference on Disaster Medicine, Slovakia

Send the completed form by e-mail to: olgama@mail.t-com.sk

Please complete this section accurately

Participant

Title:	
First Name:	
Surname:	
Workplace:	
City:	
Street, No.:	
Postal Code:	
E-mail address:	
Telephone:	

REGISTRATION FEES:

Lecturers - Active participants of the conference will pay a participant fee of **€40.00**.

The other participants of the conference will pay the attendance fee of **€70.00**.

The participant fee is paid to the account number: SK067500000000401445527.

Registration fees encompass refreshments during the conference, the cost of a CD anthology of abstracts, costs associated with the preparation of the Conference and social evening.

The deadline for payment of the registration fees is 30th September, 2018.

I confirm that I paid the registration fees to the above account number.



ACCOMMODATION:

Hotel *** SOREA HUTNÍK I, 059 53, Tatranské Matliare

GPS: E 20° 17' 8.5" N 49° 10' 36"

hutnik@sorea.sk

The cost of accommodation (night / person) with breakfast will be **€30.00**.

Meals during the conference will be paid by each participant of their choice when registering at the reception.

Please add:

Hotel arrival day:

Hotel departure day:

Number of nights:

This reservation serves as a binding order for accommodation and shall be subject to cancellation fees.

I confirm the accuracy of the data filled in this registration form and my attendance at the conference.

Date:

Signature:

Contact details of conference secretariat:

Phone: +421 2 4488 0367

E-mail: olgama@mail.t-com.sk