



Sixth Bulgarian Bifurcation and Complex Coronary Interventions Course **20 - 22 January 2017** Sofia Tokuda Hospital



Please fill out the Registration Form in block letters and return to:

Congress Management and Events Ltd., www.cmebg.com

Contact person: Mrs. Denitza Yonkova

Tel.: (+359) 896 700 952, (+359 2) 9877 422 Fax: (+359 2) 988 80 35

E-mail: denitza@cmebg.com

REGISTRATION FORM

PERSONAL DATA

First and Family name, Title

Organization, Position

Street, Postal Code, City

Country

Tel. No.:

Fax No.:

E-mail:

Invoicing details (if different from above), incl. VAT number when applicable

ACCOMPANYING PERSON

First and Family name

REGISTRATION

The access to the event is free, with no registration fee.

To register for the course it is required to pre-register by completing and sending this registration form by e-mail to the contacts given above.

HOTEL ACCOMMODATION

Hotel
Park Inn Hotel 4*

Single occupancy

70 euro

Double occupancy

80 euro

Arrival date: _____ Departure date: _____ Overnights: _____

I would like to share a room with: _____

Rates are per room, per night, including overnight, breakfast, all taxes. These prices are only valid if reservation and payment are made to CME Ltd. Any change of booking must be sent to CME Ltd. and not directly to the hotel.

Prices are not subject to VAT.

Full prepayment of accommodation is required in confirmation of the hotel reservation not later than 16 December 2016.

Changes of hotel booking without cancellation fees are accepted by 23 December 2016. No refunds will apply after this date.

TRANSFERS

Date of arrival:	Flight No:	Hour:	<input type="checkbox"/> yes _____ pax
Date of departure:	Flight No:	Hour:	<input type="checkbox"/> yes _____ pax
The price for a transfer in one direction is 15 € per person.			

PAYMENT

Payments for hotel booking should be made by bank transfer or by credit card in favour of the Congress Management and Events Ltd./CME/.

By Bank transfer

After receiving of the completed Registration form, CME shall issue and send you a Proforma Invoice with the bank details. Five days after receiving of the payment CME will send you an original invoice including data stated in the form.

Please, indicate clearly the name of the participant and "BBC 2017" on the bank payment documents.

Please note that bank collection fees are responsibility of the sender.

By Credit Card

For credit card payments please properly complete the required fields below:

Credit card type _____

Credit card number _____

Expiry date _____

CVC number* _____

Cardholder's name _____

**for Visa, MasterCard (last 3 digits from the number in italic on the backside of the card)*

Visa MasterCard

I hereby authorize CME Ltd.(Bulgaria, Sofia, 8, Tzar Kaloyan Str.) to charge my credit card for the following payment:

Hotel _____ €

Transfers _____ €

Total amount _____ €



A letter of confirmation of the hotel booking will be sent to participants after receiving the appropriate payment.

Date: _____

Signature: _____