

45th Meeting of the Continental European Division of the International Association for Dental Research (CED-IADR) with the Scandinavian Division

**Semmelweis University Theoretical Building, Budapest, Hungary
Budapest, Hungary - August 31-September 3, 2011**

REGISTRATION FORM

Please complete with capital letters and fax to: + 36 1 299 01 87 or e-mail to ced-iadr2011@convention.hu.

Prof. Dr. Ms. Mr.

Family name: First name:

Mailing address:

City: Country: Postal code:.....

Institution:

Phone: Fax:.....

E-mail:

I need an invoice made out to the above details / following name and address (delete as applicable):

.....

Delegate information may be forwarded to congress sponsors and exhibitors who in turn may send you information exclusively related to the congress topics, particularly concerning sponsored symposia or other education events at the congress. If you do not wish to be contacted by congress sponsors/exhibitors, please tick this box:

I. REGISTRATION FEES (prices include VAT):

CATEGORY	EARLY Before July 13, 2011	LATE After July 13, 2011
ADR member (CED / NOF)	<input type="checkbox"/> 320 EUR	<input type="checkbox"/> 420 EUR
Non-IADR member	<input type="checkbox"/> 400 EUR	<input type="checkbox"/> 500 EUR
Student IADR member (CED / NOF)* Within max. 4 years after graduation	<input type="checkbox"/> 120 EUR	<input type="checkbox"/> 200 EUR
Student non-IADR member* Within max. 4 years after graduation	<input type="checkbox"/> 160 EUR	<input type="checkbox"/> 250 EUR
Gala dinner on Friday for registered participants	<input type="checkbox"/> 15 EUR	<input type="checkbox"/> 15 EUR
Registration accompanying person	<input type="checkbox"/> 80 EUR	<input type="checkbox"/> 100 EUR
Gala dinner on Friday for accompanying persons	<input type="checkbox"/> 50 EUR	<input type="checkbox"/> 50 EUR

*Student membership is restricted to 4 years after graduation. If you are an undergraduate student, i.e. you have no degree as a dentist but you are currently enrolled in a recognized academic institution, please provide a certificate of your Dean, confirming your status. If you are a dentist, or keep a similar degree, please provide a copy of your graduation certificate. Certificates do not have to be sent to the congress bureau in advance, but have to be presented at the registration desk at the congress venue.

Delegate registration fee includes: access to scientific sessions and exhibition areas, congress bag, abstracts in electronic format, welcome cocktail on Wednesday, welcome reception on Thursday, all coffee breaks plus lunches on Thursday and Friday. Delegates may register for the gala dinner on Friday for a symbolic fee.

Accompanying person registration fee includes: welcome cocktail on Wednesday, welcome reception on Thursday and a half-day city tour.

Subtotal I: EUR

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II. OPTIONAL SOCIAL PROGRAMME REGISTRATION FEES (prices include VAT):

Budapest city tour (Wednesday, August 31, 2011, 10.00 hrs)

30 EUR

Budapest city tour (Friday, September 2, 2011, 14.00 hrs)

30 EUR

Subtotal II:

..... EUR

III. ACCOMMODATION RESERVATION (prices include VAT and all relevant taxes):

Terms of booking

Please note that 1 night hotel cost must be submitted to the congress bureau, the rest of your stay has to be paid upon your arrival at the hotel reception

Date of arrival:Date of departure:Number of nights:

Hotel	Distance from congress venue	Room type Room type	Room price per night
Tulip Inn Budapest Millennium Hotel***	500 m walking distance	<input type="checkbox"/> single room	70 EUR
		<input type="checkbox"/> double room	75 EUR
Hotel Fortuna** - FULLY BOOKED	500 m walking distance	<input type="checkbox"/> single room	25 EUR
		<input type="checkbox"/> double room	35 EUR
		<input type="checkbox"/> triple room	39 EUR
		<input type="checkbox"/> room for 4 pax	52 EUR
Hotel Rila**	700 m walking distance	<input type="checkbox"/> single room	25 EUR
		<input type="checkbox"/> double room	35 EUR
		<input type="checkbox"/> triple room	39 EUR
		<input type="checkbox"/> room for 4 pax	52 EUR
Hotel Gloria**	750 m walking distance	<input type="checkbox"/> single room	37 EUR
		<input type="checkbox"/> double room	45 EUR
Ibis Budapest Centrum***	3 underground stations	<input type="checkbox"/> single room	63 EUR
		<input type="checkbox"/> double room	73 EUR
Mercure Budapest Korona****	3 underground stations	<input type="checkbox"/> single room	85 EUR
		<input type="checkbox"/> double room	95 EUR
Mercure Budapest City Centre****	4 underground stations	<input type="checkbox"/> single room	95 EUR
		<input type="checkbox"/> double room	105 EUR
Budapest Marriott Hotel*****	4 underground stations	<input type="checkbox"/> single room	190 EUR
		<input type="checkbox"/> double room	220 EUR

Subtotal III.

..... EUR

TOTAL I+II+III:

..... EUR

Together with this form I am sending:

Copy of the bank transfer to Convention Budapest Ltd.

Bank: K&H Bank Nyrt. Bank address: H-1051 Budapest, Vigadó tér 1., Hungary

SWIFT: OKHBHUHB IBAN: HU26 1020 1006 6019 5559 0000 0000

I authorise Convention Budapest Kft. to debit my credit card with fee of.....EUR

Credit card facilities are available for EURO /MasterCard VISA AMEX

Card number:.....Expiry date:.....

Authorised signature:.....Authorised name:.....

Cardholder's address:.....

Card verification code: