

REGISTRATION FORM

26th Annual Meeting ISBP 2008
Brijuni Islands, Croatia, 20-22 September 2008

This form is to register one participant and his/her accompanying person only.

Please fax this form to +385 1 455 00 39

Family name	Title (Prof, Dr, Mr., Mrs., Ms etc)	
First Names		
Company/Institution:		
Address		
City/town	ZIP	Country
E-mail		
Tel	Fax	

REGISTRATION FEES

Please tick category and fill in the "Amount to be paid"

Congress Registration fees in EURO	EARLY Before 20 June	LATE After June 21	Amount to be paid
ISBP member	300.- <input type="checkbox"/>	350.- <input type="checkbox"/>	
ISBP non-member	350.- <input type="checkbox"/>	400.- <input type="checkbox"/>	
Trainee/Student*	230.- <input type="checkbox"/>	260.- <input type="checkbox"/>	
Accompanying Person**	190.- <input type="checkbox"/>	220.- <input type="checkbox"/>	
One day registration	130.- <input type="checkbox"/>	150.- <input type="checkbox"/>	

If you have chosen Daily Registration Fee please mark the date you register for: _____.
Delegates participating for more than one day have to pay full registration fee.

* Students and trainees must confirm their status by document countersigned by the head of the relevant university department or of the leading doctor and stamped with the official stamp. Please, send the document by fax when registering.

** Accompanying persons don't have access to scientific sessions.

SOCIAL PROGRAM

	Date	Attendance
Welcome reception	Saturday, 20 th September	<input type="checkbox"/>
Gala dinner	Sunday, 21 st September	<input type="checkbox"/> EURO 50 <input type="checkbox"/>
Farewell Concert	Monday, 22 nd September	<input type="checkbox"/> EURO 25 <input type="checkbox"/>

Amount to be paid (for accompanying persons) _____

Please mark the events you wish to attend.

Please note that registration fee of regular participant member or non-member includes 1 ticket for Welcome Reception, for Gala Dinner and for Farewell Concert. Registration fee for accompanying person includes only 1 ticket for Welcome Reception.

Special requirements regarding food: _____
(*please note that your special requirements will be taken into consideration, but can't be guarantee).

ACCOMMODATION FORM (one per room)

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Participants benefit from special rates during the Congress in two hotels on Veliki Brijuni island. The prices of hotel accommodations are per room/night including breakfast and VAT. Sojourn tax is charged separately EURO 1 per person/night. Please mark your 1st and 2nd choice.

KOMPAS DMC will confirm the hotel reservation within three working days only upon receipt of your credit card information or confirmation of your bank transfer payment.

I will need the following accommodation:

Hotel		Price in EURO per room/ night	Choice	Arrival date	Departure date	Number of nights
Hotel Neptun-Istra	single room	83.-				
	twin/ double room	112.-				
Hotel Karmen	single room	70.-				
	twin/ double room	96.-				

VAT and breakfast are included in accommodation prices. Sojourn tax EURO 1 per person/night is not included in above mentioned prices.

Special requirements: _____
(*please note that your special requirements will be taken into consideration, but can't be guarantee).

If you are **sharing the room**, please choose the type of room and fill in below

DOUBLE BED TWIN
Sharing with non-participant of the Congress Sharing with participant of the Congress

Please give us the information of the person you are sharing a room with:

LAST NAME 1 _____ FIRST NAME 1 _____
LAST NAME 2 _____ FIRST NAME 2 _____

REQUEST FOR TRANSFER SERVICE

The transfer from Pula, Zagreb or Trieste international airport to Fazana port will be organized ON THE REQUEST for participants of the congress:

PRICES ARE PER CAR FOR ONE WAY 1-3 PERSONS MAX.

Arrival airport: ZAGREB 450 € PULA 35 € TRIESTE 450 €

From: _____

Arrival date : _____

Time of arrival : _____

Flight: _____

PRICES ARE FOR ONE WAY 1-3 PERSONS MAX.

Departure airport: ZAGREB 450 € PULA 35 € TRIESTE 450 €

From : _____

Departure date : _____

Time of departure: _____

Flight: _____

SUMMARY OF PAYMENT

TOTAL AMOUNT TO BE PAID**EURO** _____**METHODS OF PAYMENT**

Please choose one of the payment methods and complete the details:

 BANK TRANSFERBank transfer should be made to KOMPAS Ltd., Please include the reference number **18-077026** when paying by bank transfer

- For payment in EURO: Swift code: RZBHR2X, IBAN: HR9024840081500160474 Reference number 18/077026, Reiffeisenbank, Zagreb, Croatia. Please add 15 EUR to cover bank charges.
- For payment in KUNA: Account no. 2484008-1500160474 Reference number 18/077026, Reiffeisenbank Zagreb, Croatia.

- **CREDIT CARD**

Please mark the type of the credit card, write the number of the credit card, the expiry date and the name of the credit card holder.

AMEX _____ DINERS _____ EC/MC _____ VISA _____

Card number: _____ **Expiry date:** _____**CVV** (*last three digits on the back of your card*): _____**Name as it appears on the credit card:** _____**Authorization signature for credit card payment:** _____**Date:** _____ **Signature:** _____**PLEASE MARK THE ACCEPTANCE OF THE TERMS OF REGISTRATION, PAYMENT AND CANCELATIONS**