

24th Budapest Nephrology School

Nephrology, Hypertension, Dialysis, Transplantation
Under the Auspices of
ISN and ERA-EDTA
26 – 31 August, 2017



Application Form

Please type or use block letters.

Please complete and return it to bns@blaguss-congress.hu, cc. rosivall.laszlo@med.semmelweis-univ.hu,
or fax: +36-1-374-7031

Personal Data

Title: Prof. Dr. Mr. Mrs. Miss

Family name: _____

First name: _____

Affiliation: _____

Country: _____ **City:** _____

Address: _____ **Postal code:** _____

Phone:* _____ **Fax:*** _____

*including the country and area code

E-mail: _____

Private E-mail: _____

Please specify your dietary needs you may have: _____

I need Invitation Letter for visa purpose: YES NO

Registration fee

Registration type	Early registration until 5 May 2017	Late registration from 5 May 2017	On site
Participant	<input type="checkbox"/> 750 Euro	<input type="checkbox"/> 900 Euro	<input type="checkbox"/> 1000 Euro
Accompanying Person	<input type="checkbox"/> 220 Euro	<input type="checkbox"/> 250 Euro	<input type="checkbox"/> 280 Euro

Registration fee includes:

- **Attendance to nephrology refresher CME course**
- **Certificate of Attendance**
- **Refreshments, lunches and dinners**
- **Social programs**
(Please mark if you would like to attend the respective program. We cannot guarantee the last minute applications on site.)
 - 15th International Wine and Health Symposium (26 August, 2017)
 - Evening Danube Cruise (27 August, 2017)
 - Organ Concert at St. Stephen's Basilica (28 August, 2017)
 - Sightseeing Tour in Budapest with Parliament visit (29 August, 2017)
 - Farewell Reception (30 August, 2017)
- **50% support for buying the book of Nephrology, Hypertension, Dialysis, Transplantation** Eds: Thomas E. Andreoli, Eberhard Ritz, László Rosivall
- **Hungarian hospitality**

Accompanying person's fee includes:

- (Please mark if you would like to attend the respective program. We cannot guarantee the last minute applications on site.)*
- 15th International Wine and Health Symposium (26 August, 2017)
 - Evening Danube Cruise (27 August, 2017)
 - Organ Concert at St. Stephen's Basilica (28 August, 2017)
 - Sightseeing Tour in Budapest with Parliament visit (29 August, 2017)
 - Farewell Reception (30 August, 2017)

Accommodation

Hotel	Single Room	Double Room
Mercure Budapest Korona*****	<input type="checkbox"/> 75 Euro	<input type="checkbox"/> 85 Euro
Ibis Budapest Centrum***	<input type="checkbox"/> 68 Euro	<input type="checkbox"/> 75 Euro

Prices indicated in Euro per room, per night, including breakfast and applicable taxes.
Modification in tax laws might cause changes in prices.

Arrival date: _____

Departure date: _____

Number of nights: _____

Special requests: _____

I share my room with: _____

Hotel reservation will be made only on receipt of two-night hotel deposit.

Payment

Payment	Total amount
Participant Registration fee	_____ EURO
Accompanying Person's Registration fee	_____ EURO
Two-night Hotel Deposit	_____ EURO
GRAND TOTAL	_____ EURO

Invoice

Please send me an invoice:

Invoicing name and address: _____

VAT number: _____

Reference number / person: _____

Postal address: _____

Method of Payment

Credit Card

Please charge EURO _____ to my VISA EC/MC AMEX

Card number

Cardholder's name

Billing address of the Cardholder

Expiry date

CVC Code only VISA and EC/MC
(the last three digits on the back of the credit card where the signature is)

Please note that our Bureau will debit your card in EURO.

Bank Transfer

The registration fee(s) and the two-night hotel deposit have to be made to:

Account holder's name:	Hungarian Kidney Foundation
IBAN number:	HU55 1176 3055 2470 9882 0000 0000
Bank's name and address:	OTP Bank, 1051 Budapest, Nádor utca 6.
Swift code:	OTPVHUHB

Please indicate "**SCHOOL 2017**" and the **name of the Participant(s)**.

All charges due to bank transfers have to be paid by the sender. The name and address of the sender have to be marked clearly on every remittance.

On site (cash)

I have read and accept the cancellation terms as contained on the official website.
I also give permission to the organizers to share the photos taken during the School on the social media sites of the Hungarian Kidney Foundation.

Date _____ **Signature** _____