

25th Budapest Nephrology School

Nephrology, Hypertension, Dialysis, Transplantation, Nephropathology
Under the Auspices of
ISN and ERA-EDTA
26-31 August, 2018



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: _____

I need Invitation Letter for visa purpose: YES NO

Registration fee

Registration type	Early registration until 25 June, 2018	Late registration from 25 June, 2018	On site
Participant	<input type="checkbox"/> 750 Euro	<input type="checkbox"/> 900 Euro	<input type="checkbox"/> 1000 Euro
ISN member	<input type="checkbox"/> 750 Euro		
My ISN registration number is:			

Registration fee includes:

- Attendance at the nephrology refresher CME course
- Certificate of Attendance
- Refreshments, lunches and dinners (except for 29 August, 2018)
- Participation at the social programs for free

Please mark if you would like to attend the respective programs. We cannot guarantee the last minute applications on site.

- 16th International Wine and Health Symposium, a buffet dinner with wine tasting (26 August, 2018)
- Visit of the Rectorate Building of the Semmelweis University (27 August, 2018)
- Organ Concert at St. Stephen's Basilica (27 August, 2018)
- Evening Danube Cruise (28 August, 2018)
- Sightseeing Tour in Budapest with Parliament visit (29 August, 2018)
- Farewell Reception (30 August, 2018)

I will participate at the sandwich dinner on 27 August, 2018: YES NO

I will participate at the sandwich dinner on 28 August, 2018: YES NO

Programs for Accompanying persons

Please mark if you would like to attend the respective program. We cannot guarantee the last minute applications on site.

- lunches 6 days – 10 Euro/day (26-31 August, 2018) 60 Euro
- 16th International Wine and Health Symposium, a buffet dinner with wine tasting (26 August, 2018) 60 Euro
- Sandwich dinner and visit of the Rectorate Building of the Semmelweis University (27 August, 2018) 20 Euro
- Organ Concert at St. Stephen's Basilica (27 August, 2018) 20 Euro
- Sandwich dinner at the venue (28 August, 2018) 10 Euro
- Evening Danube Cruise (28 August, 2018) 20 Euro
- Sightseeing Tour in Budapest with Parliament visit (29 August, 2018) 35 Euro
- Farewell Reception (30 August, 2018) 50 Euro

Accommodation

Hotel	Single Room	Double Room
Mercure Budapest Korona****	<input type="checkbox"/> 85 Euro	<input type="checkbox"/> 95 Euro
Ibis Budapest Centrum***	<input type="checkbox"/> 69 Euro	<input type="checkbox"/> 76 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 programs	_____ 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

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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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 2018**" 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 _____