

# 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](mailto:bns@blaguss-congress.hu), cc. [rosivall.laszlo@med.semmelweis-univ.hu](mailto: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 May, 2018	Late registration from 25 May, 2018	On site
Participant	<input type="checkbox"/> 750 Euro	<input type="checkbox"/> 900 Euro	<input type="checkbox"/> 1000 Euro

#### 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
<b>GRAND TOTAL</b>	_____ <b>EURO</b>

## 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:

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