CONFERENCE ICPMAT 2017

6.-10.8.2017

*HOTEL REGISTRATION FORM*

Please return this form to by e-mail to Mrs. Lucia Lenard (reservation@hotel-yasmin.sk).

**Participant information (block capitals):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

First name: ................................................ Last name: ...................................................... Title: .....................

Institution or company: ........................................................................................................................................................................................

Address: ...............................................................................................................................................................................................................

Post code: ................................................. City: ................................................................ Country: ................

Direct e-mail (please write clearly): .....................................................................................................................................................................

Telephone: ............................................................. Mobile: .....................................................................

**Rates (per night): SGL room DBL room\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Early Bid\* 75 EUR 85 EUR

Standard rate 79 EUR 89 EUR

Late/Onsite registration\*\* 89 EUR 99 EUR

Breakfast 9,5 EUR/per person/per meal

Local tax 1,5 EUR/per person/per night

**Terms:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

\*Early bird rates are valid on registration received before midnight on 5th June 2017

\*\*Late/onsite registration applies after Wednesday, 19th July 2017 and are nonchangeable and nonrefundable

Rates are inclusive of VAT 20%

Credit card payments received via mail or telephone will be processed in EUR and debited at the current rate of Exchange.

Cancellation policy: Cancellation prior to 5th July 2017 will be subject to a 20% administration charge. We regret that refunds after this date will not be available.

Registration will not be confirmed unless we receive the full contact details of the delegate including the direct e-mail address.

All hotel rooms are held against your credit card and must be paid at the time of reservation.

**Booking details:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Arrival date: ..../..../........ Departure date: ..../..../........

Number of nights: .... Type of room: ....................... Rate per night: ..........

Breakfast: YES / NO TOTAL DUE: ....................... EUR (Based on first preference)

\* Local tax will be charged and must be paid extra on departure.

**Payment:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**CREDIT CARD:** Please charge my credit card with the amount in the TOTAL DUE section above.

Card Type: VISA MASTERCARD MAESTRO AMEX DINNERS

Card number: .........................................................................................................................................................................................................

Expire dare: ................................. 3 digit security code (CVC): ...........................

Card holder name: .................................................................................................................................................................................................

Card holder signature: ...........................................................................................................................................................................................

\*Please attach copies of both sides of CC

**PAYMENT BY BANK TRANSFER:** Proof of the payment must accompany the registration form if paying via bank transfer. For transaction identification please use code: ICPMAT2017

Bank details:

Bank: Poštová banka, a.s.
Number of account: 20304087 / 6500
IBAN: SK44 6500 0000 0000 2030 4087
SWIFT: POBNSKBA