



IXth European Congress of Entomology

22-27 August 2010
Budapest, Hungary

Registration Form

After filling in and printing out this form, please send it to the **ECE 2010 Secretariat**
by fax or via mail:

Mariann Kindl , c/o ECE 2010 Congress Secretariat, SCOPE Ltd.
Kende u. 13-17., H-1111 Budapest, Hungary, fax: +361 386 9378

Personal data *(Please, print or type)*

Surname First name

Company

Address

Postal code City Country

E-mail Phone *(incl. country code)* Fax *(incl. country code)*

Special request (vegetarian, etc): _____

Do not include my contact information in the List of Participants:

Registration fees

Congress registration fees <i>including VAT (25%)</i>	Early before 15 June		Late after 15 June		Amount
	EUR	<input type="checkbox"/>	EUR	<input type="checkbox"/>	
Regular registration fee	EUR 300	<input type="checkbox"/>	EUR 350	<input type="checkbox"/>	EUR.....
Student fee	EUR 200	<input type="checkbox"/>	EUR 250	<input type="checkbox"/>	EUR.....
Accompanying guest fee	EUR 150	<input type="checkbox"/>	EUR 200	<input type="checkbox"/>	EUR.....
Registration fee total					EUR.....

Optional programs

Date	Tours	Price (including VAT 25%)		No. of tickets	Amount
23 August, Monday, <i>afternoon</i>	Sightseeing tour	EUR 30	<input type="checkbox"/>	EUR.....
24 August, Wednesday, <i>full-day, lunch is included</i>	Danube Bend tour	EUR 80	<input type="checkbox"/>	EUR.....
26 August, Thursday, <i>full-day, lunch is included</i>	Eger Vine tour	EUR 80	<input type="checkbox"/>	EUR.....
26 August, Thursday, <i>19:00-22:00</i>	Banquet on the boat "Europa"	EUR 60	<input type="checkbox"/>	EUR.....
27 August, Friday <i>full-day, lunch is included</i>	Lake Balaton Tour	EUR 80	<input type="checkbox"/>	EUR.....



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Total optional programs fee			EUR.....
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TOTAL

Total registration fee(s)		EUR.....
Total optional programs fee(s)		EUR.....
All fees (including VAT 25%)		EUR.....

Method of payment

1. Credit card:

I authorise ECE 2010 Secretariat to charge the registration fee of

EUR to:

EuroCard/MasterCard

Visa

Card number _____

Expiration date (mm/yy) _____

CVV code _____

(Last 3 digits of the security code on the back side of the card)

Cardholder's name _____

Billing address _____

Cardholder's signature _____

2. Bank transfer to the account:

Beneficiary's name: SCOPE Meetings Ltd.. "ECE 2010"

IBAN: HU51-1040-0872-0000-9163-0000-0001

Bank name: K&H Bank Rt

Bank address: H-1117 Budapest, Móricz Zsigmond körtér 14., Hungary

SWIFT Code: OKHBHUHB

The proof of remittance should be sent (preferably by fax: +361-386 9378) to the ECE 2010 Secretariat. Please, make sure that the name of each conference participant is clearly indicated on the proof of remittance. Payments sent by bank transfer must be free of charges for SCOPE Meetings Ltd.

Date _____

Signature _____

Further information : budapest@ece2010.org