10th IMEKO TC10 International Conference on Technical Diagnostics

9-10 June, 2005 Budapest, Hungary

REGISTRATION AND HOTEL RESERVATION FORM

Please fax (+36-1-386-9378) or mail the completed Registration Form with payment to the 10th IMEKO TC10 Secretariat (Ms. Judit Megyery, H-1111 Budapest, Kende u. 13-17, Hungary) as soon as possible but not later than 30 April, 2005 if you want to benefit from the early registration fees.

PERSONAL DATA

Please provide information as you wish it to appear on your IMEKOTC10 Attendee badge. (*Please print or type*)

Do not include my contact information in the IMEKO TC10 List of Participants.

Surname/Last Name	First Name	Middle Initial
Job Title/Position		
Institution/Company		
Street Address		
City	State	Country
Zip Code	E-mail	
Phone (Include country code)	Fax (Include country code)	
Please indicate any special needs: _		

ALL PRICES BELOW INCLUDE 20% VAT.

REGISTRATION FEES

Registration fee	Early before 30 April	Late after 30 April	Total fee
Registration fee	HUF 80000	HUF 95000	HUF
Total registration fee			HUF

The registration fees include:

- Proceedings
- Coffee breaks, lunches
- Welcome Reception (8 June, 2005)
- Banquet on a boat (9 June, 2005)

OPTIONAL EVENING PROGRAM

Date	Evening programme	Cost/ticket	Number of tickets	Cost
Thursday, 9 June	Extra banquet ticket	HUF 12500		HUF
Total optional eve	HUF			

TOURS

Date	Tour	Cost/ticket	Number of tickets	Cost
Saturday, 11 June	Budapest sight-seeing tour (half day, morning)	HUF 7500		HUF
Total tour				HUF

TOTAL

Registration fee total	HUF
Optional evening program total	HUF
Tour total	HUF
Total to be paid (including 20% VAT)	HUF

HOTELS

Block reservation has been made for participants in Danubius Hotel Gellért****. *Hotel fee should be paid directly to the hotel.* No reservation will be made without credit card information!

Hotel fees include breakfasts and all	Room rates/night			Choices		
taxes	Single use		Double use		1st	2nd
Single room with shower	EUR 65					
Single room with bathroom	EUR 95					
Double room	EUR 135		EUR 145			

Check in date June 2005 - check out date June 2005.

General Conditions

One night room rate will be charged in case of non-attendance or delayed arrival if a cancellation notice in writing is not received by the Conference Secretariat on or before *1 June, 2004*.

METHOD OF PAYMENT

Registrations will	not be processed without pay	ment.	
1. Card:	American Express	EuroCard/MasterCard	UISA
Card Number		Expiration Date	
(Last 3 digits of t side) Cardholder's Nar	ne	side of the card or in case of	
Ũ	nature		
Billing Address			
2. Bank transfer to	the account:		

Beneficiary's name: SCOPE Meetings Ltd. "IMEKO TC10" IBAN: HU35 1171 1041 2042 0022 0000 0000 Bank name: OTP (National Savings Bank) Bank address: H-1117 Budapest, Karinthy F. ut 16, Hungary SWIFT Code: OTPVHUHB

Please, attach a proof of the remittance to this Registration and Hotel Reservation Form (preferably by fax: +36-1-386-9378) and make sure that the name of each Conference participant is clearly indicated on all documents.

Date

Signature