**REGISTRATION FORM**

Please complete one form per delegate and send it as an attachment to

ehrs2013@lodz.pl

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Title |  | First name |  | Last name |  | Female | Male |
| Organization |  |
|  |
| Address |  |
|  |
| City |  | Zip Code |  | Country |  |
| Tel. |  | Fax |  | Email |  |

|  |
| --- |
| **REGISTRATION +ACCOMODATION, recommended++++**  |
|  | Academic | Student /Retired | Industrial  | Delegate+ Accompany#  |  |
| BeforeMarch, 15th | *Single***650** € | *Single***550** € | *Single***750** € | *Double***950** € | € |
| *Share\***in double***520** € *each* | *Share\***in double*420 € *each* |  |  Student +Accompany# **770 €** |  |
| After March, 15th  | **All prices increase by 100** € | € |
| ++++Accommodation at Hotel AMBASADOR CENTRUM, the Conference venue for 4 nights: Wed08May- Sun12May 2013 |  |  |  |  |  |
| **­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­Arrival Date: Departure Date:** |  | Departure Date |  | No of nights: | **4** |
|  **REGISTRATION only** |  |  |  |  |  |
|  | Academic | Student /Retired | Industrial | Partner | € |
| Before March, 15th |  **400€** | **270€** | **550€** | **270€**  |  |
| After March, 15th  | **All prices increase by 100** € |
| **Night before/after the meeting** |
| Extra nights | Single room |  | **80** € | € |
| Double room |  | **95** € | € |
| **TOTAL:** | € |

\* Name of person you will be sharing with

# Name of accompanying person

The payment should be made to PTBH bank account:

Name of account holder & address: Polskie Towarzystwo Badan Nad Histamina, ZG,

Sterlinga 5, 91-425 Lodz, Poland

Bank details:

Bank name& address: PKO BP S.A. I Oddział w Łodzi, ul. Al Kosciuszki 15, 90-959 Lodz, Poland

Acc numer: 37 1020 3352 0000 1302 0076 0140

IBAN: PL 37 1020 3352 0000 1302 0076 0140

SWIFT: BPKOPLPW

The sender's full name and address as well as payment details should be clearly indicated.