

EAE Teaching Course

Teaching course with live demonstrations

“New echocardiographic techniques for myocardial function imaging”

5th – 7th April, 2012

Inter EXPO Center, Sofia, Bulgaria

REGISTRATION FORM

Please fill in the Registration form in block letters and return to:

Company for International Meetings Ltd.

18, Christo Belchev St., Sofia 1000

Tel.: (+359 2) 988 80 35, 980 89 61

Fax: (+359 2) 980 60 74

www.cim.bg

Contact person: Mrs. Denitza Yonkova, e-mail: denitza@cim.bg

1 PERSONAL DATA

First and Family name, Title

Organization, Position

Street, Postal Code, City

Country

Tel. No.:

Fax No.:

E-mail:

Invoicing details (if different from above), incl. VAT number when applicable

2 REGISTRATION FEES

Participants

Cardiologists in practice 150 €

Cardiologists in training 100 €

The registration fees include attendance at all scientific sessions, access to the exhibition, binder containing all the recommendation documents issued by the EAE, coffee breaks and refreshments, Welcome drink (on Thursday, April 5th 2012), lunch and Gala dinner (on Friday, April 6th 2012).

Registration fees should be paid not later than **5 March 2012**.

Registration fees are non-refundable.

Total registration: _____ €

3 HOTEL BOOKING

Hotel	Room type	Single room	Double room	Check - in date:
Hotel Expo /4 stars/	Executive	<input type="checkbox"/> 75 €	<input type="checkbox"/> 90 €	Check - out date:
	Comfort	<input type="checkbox"/> 60 €	<input type="checkbox"/> 70 €	
Metropolitan Hotel /4 stars/	Standard	<input type="checkbox"/> 55 €	<input type="checkbox"/> 72 €	Number of nights:
	Hotel Triada /4 stars/	Standard	<input type="checkbox"/> 50 €	

Prices include night, breakfast and all taxes. For additional information about the offered hotels, please visit the site of the course <http://echo.cardiobg.com/>, section Accommodation

These prices are only valid if reservation and payment are made to CIM Ltd. Any change of booking must be sent to CIM Ltd. and not directly to the hotel.

Full prepayment of accommodation is required in confirmation of the hotel reservation not later than 5 March 2012.

Changes of hotel booking without cancellation fees are accepted by 5 March 2012. No refunds will apply after this date.

A shuttle bus will be organized for delegates from Triada Hotel and Metropolitan Hotel to the Inter EXPO Center /venue of the event/.

Total accommodation (entire stay): _____ €

6 PAYMENT

Please fill in the price for each service that you would like to include.

Registration fee(s)	€
Hotel	€
GRAND TOTAL	€

Methods of Payment (please choose one of the following)

By Bank transfer

Account holder: Company for International Meetings (CIM) Ltd.
Bank: Eurobank EFG Bulgaria, Solunska Branch (15 Solunska Str., 1000 Sofia)
IBAN: BG54BPBI79401401226001
BIC: BPBIBGSF

Currency exchange charges and bank collection fees are responsibility of the sender.
 Please, send a copy of the payment documents to CIM.
 Please, indicate clearly your name and **"EAE Course"** on the bank document.

By Credit Card

For credit card payments please properly complete the required fields below and send to CIM.

Credit card type.....
 Credit card number.....
 Expiry date.....
 CVC number*.....
 4CSC number**.....
 Cardholder's name.....

* for Visa, MasterCard (last 3 digits from the number in italic on the backside of the card)

** for AmEx (4 digits above the credit card number)

Please, note that the bank charge by payment with credit card is 3% of the total amount.

Visa/MasterCard American Express

I hereby authorize CIM Ltd.(Bulgaria, Sofia, 18, Hristo Belchev Str.) to charge my credit card for the following payment:

Registration.....€
 Hotel.....€
 Total amount.....€



Date:

Signature:

The Company for International Meetings – CIM Ltd. will use the personal information you have submitted only to process your registration and booking. CIM Ltd. takes the privacy of your personal data very seriously.

A letter of confirmation of the registration and the hotel booking will be sent to participants after receiving the appropriate payment.

Date: _____

Signature: _____