

Registration and Hotel Reservation Form V International Congress of Polish Angiological Society

Poland, Krakow 23-25 May 2002

deadline: 1 May 2002

First name:					
Last name:					
Title as on the badge	:				
Institution:					
Address:					
Postal Code + City	Country:				
Tel.: Fax:					
e-mail:					
Please, send invoice to:					
Name/Company:					
Address:					
Zip: City:					
Country:					
The accompanying person's fee	45 EUR until 15 March 2002, 90 EUR after 15 March 30 EUR until 15 March 2002, 60 EUR after 15 March 15 EUR until 15 March 2002, 30 EUR after 15 March 15 EUR 15 EUR until 15 March 2002, 30 EUR after 15 March 30 EUR sion, opening ceremony, congress materials, lunches, coffee breaks. includes the openning ceremony.				
1.TOTAL REGISTRATION FEE IN EUR:					

	Sgl	Prices per night	Dbl*	Prices per night	Deposit	
Hotel Campanile		102 EUR		109 EUR	102 EUR	
Hotel Ibis		86 EUR		93 EUR	86 EUR	
Hotel Wawel-Tourist		63 EUR		86 EUR	63 EUR	
Hotel Royal *		52 EUR		80 EUR	52 EUR	
Hotel Start		34 EUR		53 EUR	34 EUR	
* - sharing with:						
Date of arrival:	Date of departure:					
TOTAL PAYMENT Method of payment: Bank transfer: credit card: Please, charge my credit c Credit card holder: Number:	ard	•				
for total amount:	otal amount:			exp. date:		
Date:	Signature:					
Please, send the complet			gistrati	ion fee and deposit ho	otel to:	
Symposium Craco 3 Krupnicza St 31-123 Kraków, Pol phone: ++ 48 12 42 fax: ++ 48 12 42 e-mail: symposium(www.symposium.pl BRE Bank S.A. O/I no acc. 11401081-I	and 2 76 1 38 @syr	00 57 mposium.pl ów	R01-4	2, swift code: Bl	REXPLPWKR	