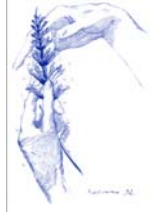


17th Budapest Nephrology School
 (Nephrology, Hypertension, Dialysis, Transplantation)
 Under the Auspices of **ISN** and **ERA-EDTA**
 26 – 31 August, 2010



Application Form

Please complete and return it to neubauer@blaguss-congress.hu, cc. rosivall@net.sote.hu, or
 fax: +36-1-374-7031

Personal Data

First name _____ Family name _____

Title (Mr., Ms., Prof., Dr.) _____

Affiliation _____

Address _____

City _____ Postal code _____ Country _____

Phone _____ Fax _____ E-mail _____

Participation fee

Registration	Before 30 April, 2010	After 30 April, 2010	On site
Participant	<input type="checkbox"/> 650 Euro	<input type="checkbox"/> 700 Euro	<input type="checkbox"/> 750 Euro
Accompanying Person	<input type="checkbox"/> 220 Euro	<input type="checkbox"/> 250 Euro	<input type="checkbox"/> 280 Euro

Participation fee includes:

- **Attendance to nephrology refresher CME course**
- **Certificate of Attendance**
- **Refreshments, lunches and dinners**
- **Social programs**
(Please mark if you would like to attend the respective program. We can not guarantee for last minute applications on site.)
 - 8th International Wine and Health Symposium (26 August, 2010)
 - Sightseeing Tour in Budapest with Parliament visit (28 August, 2010)
 - Evening Danube Cruise (28 August, 2010)
 - Farewell Reception (30 August, 2010)
- **50% support for buying the book of Nephrology, Hypertension, Dialysis, Transplantation** Eds: Thomas E. Andreoli, Eberhard Ritz, László Rosivall
- **Hungarian hospitality**

Accompanying person's fee includes:

- Attendance to the 8th International Wine and Health Symposium (26 August, 2010)
- Sightseeing Tour in Budapest with Parliament visit (28 August, 2010)
- Evening Danube Cruise (28 August, 2010)
- Farewell Reception (30 August, 2010)

The 17th Budapest Nephrology School

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Accommodation

Hotel reservation will be made only on receipt of two-night hotel deposit.

Hotels	Single room	Double room
Mercure Budapest Korona ****	<input type="checkbox"/> 65 Euro	<input type="checkbox"/> 80 Euro
Hotel Erzsébet City Center ***	<input type="checkbox"/> 60 Euro	<input type="checkbox"/> 68 Euro

Prices indicated in Euro per room, per night, including breakfast and taxes.

Arrival date: _____ Departure date: _____

Number of nights: _____ Special requests: _____

I share my room with: _____

Payment

Please indicate your choice of method of payment:

Bank transfer

Credit Card

on-site (cash)

Bank transfer

Account Holder's name: Hungarian Kidney Foundation

IBAN number: HU55 1176 3055 2470 9882 0000 0000

Bank's name: OTP Bank Budapest

SWIFT Code: OTPVHUHB

Please indicate: „*School 2010*”

Credit Card

Please charge EUR _____ to my VISA EC/MC AMEX

Card number

Cardholder's name _____

Billing address of the Cardholder _____

Expiry date _____ CVC Code* only VISA and EC/MC _____

(*last three digits on the back of the credit card where the signature is)

I have read and accept the cancellation terms as contained on the official website.

Date _____ Signature _____