

15TH INTERNATIONAL CONFERENCE ON SUBARACHNOID HEMORRHAGE JUNE 25-28, 2019, AMSTERDAM, NETHERLANDS

Please complete and return this form to the Meeting Secretariat
Kenes M+, by e-mail to nutugen@kenes.com or by fax to +902122999977

REGISTRATION & HOTEL RESERVATION FORM

Surname _____ Name _____ Title _____

Mailing address _____

Postal code _____ City _____ Country _____

Phone () _____ Mobile Phone _____
Office hours/Country and City Code

E-mail _____ @ _____

If you wish to have a different address to appear on your receipt please indicate:

Company name _____

Address _____

1. REGISTRATION

Registration Categories	Early Registration (until and on 26th April)	Regular Registration (between 27th April- 24th June)	On-site Registration (between 25th June - 28th June)
General Admission	<input type="checkbox"/> € 550	<input type="checkbox"/> € 600	<input type="checkbox"/> € 650
Industry Representatives	<input type="checkbox"/> € 550	<input type="checkbox"/> € 600	<input type="checkbox"/> € 650
Nurses	<input type="checkbox"/> € 400	<input type="checkbox"/> € 450	<input type="checkbox"/> € 500
Residents	<input type="checkbox"/> € 400	<input type="checkbox"/> € 450	<input type="checkbox"/> € 500
Students	<input type="checkbox"/> € 400	<input type="checkbox"/> € 450	<input type="checkbox"/> € 500

* Nurses, Residents and Student's, ID card must be presented to the registration desk during the Conference.

Registration fee for all the Conference registration categories includes: Entry to all Meeting sessions, pocket program book, ID badge, coffee breaks, lunch and welcome reception.

Cancellation of Registration: Your registration will be confirmed by letter, once the Conference Secretariat receives your full payment. Cancellation of registration will be accepted until the Early Bird deadline 26th April 2019, up to which date the registration fee will be refunded with a 50.-EUR deduction for administrative expenses. For cancellations received after the Regular deadline 27th April 2019, the registration fee will be non-refundable.

- Notification of changes in reservation and/or cancellations must be done in writing to the Conference Secretariat, Ms. Neyir Seda Utugen nutugen@kenes.com
- All prices are inclusive of VAT taxes.
- A confirmation letter will be mailed within one weeks of receipt of the total registration fee.
- Please make your bank transfer for your registration fee excluding the bank transfer charges.

Form, cont'd.

Please print Surname: _____ First Initial _____

2. HOTEL RESERVATION

Mövenpick Hotel Amsterdam City Centre Room Category / Rate	Single Occupancy	Double / Twin Occupancy
Classic Room	<input type="checkbox"/> € 280	<input type="checkbox"/> € 300

Check-in Date:/June 2019	Check-out Date:/June 2019
Passport No:	Nationality:
Special Requests:	
Sharing With:	

..... Nights xEUR€ = Subtotal EUR € _____
(Number of nights) (Daily Room Rate)

I will share my room with *(fill in name)* _____

The rates are for one-night stay on Bed & Breakfast basis including VAT & City Tax.
Please note the check-in time is starting from 15:00 and the check-out time should be maximum at 12:00.
For any changes or cancellations on your booking please contact Ms. Neyir Seda Utugen nutugen@kenes.com
in written.

Cancellation Policy of Hotel Reservations

Until and on 26th April 2019: Total payment will be refunded.
Between 27th April – 25th May: One night no-show will be applied.
From and on 26th May: Total hotel payment is non-refundable.

Form, cont'd.

Please print Surname: _____ First Initial _____

PAYMENT:

- All payments should be made in EUR.
- All prices are inclusive of VAT
- Please note that we do not accept company cheques or personal cheques.
- A confirmation letter will be mailed within one week of receipt of the total registration fee.
- Please make your wire transfer for your registration fee excluding the bank transfer charges.

Total Amount
_____ EUR

Bank transfer :

Account name : ISAH 2019 Congress
Bank name : Credit Suisse
Branch : Genève
Account number: 0251-1500934-92-105
SWIFT CODE : CRESCHZZ80A
IBAN# (EURO) : CH90 0483 5150 0934 9210 5

(Please indicate the name of the participants on the statement)

(A bank draft, in proof of your money transfer, should be sent with the registration forms)

Credit Cards (Only Visa, Eurocard / Mastercard) Visa Eurocard / Mastercard

Credit Card No. ___/___/___/___/ ___/___/___/___/ ___/___/___/___/ ___/___/___/___/

Expiry date ___/___/ Month ___/___/ Year Security Code ___/___/___

Please indicate the last digit security code on the back of your credit card.

Having signed below, I herewith confirm that I have read and that I am fully aware of the cancellation policy stipulated.

I Hereby authorize Meeting Secretariat, Kenes Turkey to debit this credit card account for the Total Amount due EUR

Date _____ **Name /Surname (as it appears on your card)** _____

Signature
