

15th CONGRESS OF THE EUROPEAN FEDERATION OF NEUROLOGICAL SOCIETIES

**Budapest, Hungary, September 10-13, 2011
REGISTRATION & ACCOMMODATION FORM**

Please PRINT in BLOCK LETTERS and FAX, E-MAIL or AIRMAIL to:



Registration and Accommodation Dept.
1-3 rue de Chantepoulet
CH-1211 Geneva 1, Switzerland

Tel: +41 22 908 0488
Fax: +41 22 906 9134
E-mail: reg_efns2011@kenes.com

Identification

Please complete this section accurately. The information you provide will allow us to correspond with you efficiently.

Participant (Please TYPE or PRINT IN BLOCK LETTERS)

Family Name _____ Initials _____ First Name _____

Title Prof. Dr. Mr. Mrs. Ms. **Age** (optional) 30-35 35-40 40-45 45-50 50-55 55-60 60-65

Office Address _____ **E- Mail Address** _____ @ _____

Institute _____ Dept. _____

No. _____ Street _____ Suite/Apt. _____

City _____ State/Province _____ Country _____ Postal code _____

Telephone (office hours):Country code/city code/number _____ Fax: Country code/city code/number _____

Mailing Address (if different from the above)

Address line 1 _____

Address line 2 _____

City _____ State/Province _____ Country _____ Postal code _____

You and Your Privacy

Please note that companies may be offered the opportunity to hold Satellite Symposia at this specific event.

As a Congress registrant, your mailing details may be forwarded to companies organising Satellite Symposia. Companies receiving your mailing details will be permitted to use your details one time only for the purpose of sending you Satellite Symposia invitations. Under the Laws of Privacy, you are entitled to object at any time to the processing and usage of your mailing details.

I DO NOT wish my details to be forwarded to companies organising satellites

Registration Fees

	Early Fee (until June 15, 2011)	Late Fee (June 16 – September 1, 2011)	On Site (valid from September 2, 2011)
Members of European national neurological societies, individual EFNS members	<input type="checkbox"/> €495	<input type="checkbox"/> €565	<input type="checkbox"/> €595
Non-members	<input type="checkbox"/> €575	<input type="checkbox"/> €605	<input type="checkbox"/> €635
Residents and students*	<input type="checkbox"/> €295	<input type="checkbox"/> €315	<input type="checkbox"/> €325
Teaching courses & hands-on courses: Open to registered participants only Course Number _____	<input type="checkbox"/> € 15	<input type="checkbox"/> €15	<input type="checkbox"/> €20
Scientific Gulyás dinner ***		<input type="checkbox"/> € 50	
History of Neurology Tour***		<input type="checkbox"/> € 40	
Additional ticket for opening session and welcome reception**		<input type="checkbox"/> € 50	
Ticket for Social Event***	<input type="checkbox"/> € 10	<input type="checkbox"/> € 10	<input type="checkbox"/> €15

Please mark if would you like to participate free teaching course:

Free teaching course - "How Do I Examine?", Sept. 10 09:30-11:00***	<input type="checkbox"/> I will participate	<input type="checkbox"/> I will not participate
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* Student registration form must be accompanied by a letter from the head of the department confirming their status and/or a valid student card.

EFNS members from Eastern European countries, which are not members of EU may apply for residents' registration fee.

EFNS associate members, i.e. members of the national neurological societies of Algeria, Egypt, Jordan, Lebanon, Libya, Morocco, Tunisia and Syria, may apply for residents' registration fee.

** Paid registered participants will receive a ticket to the opening session welcome reception (limited number, "first come-first served" basis)

*** Limited space - early booking is recommended

NAME _____

EFNS 2011

ACCOMMODATION:

Rates are per room, per night and include breakfast and taxes.

Early reservation is highly recommended!

Hotel	Single room (€)	Double room (€)	Hotel	Single room (€)	Double room (€)
★★★★★			<i>Carat Boutique Hotel</i>	125	150
Boscolo Hotel New York Palace	230	250	<i>Achat Hotel</i>	120	135
Corinthia Grand Royal <i>(Headquarters)</i>	240	260	<i>Boutique Hotel Bristol</i>	120	130
InterContinental Budapest	230	245	<i>Boutique Hotel Zara</i>	120	135
Kempinski Budapest - Superior	240	255	<i>Best Western Hungaria - Fully booked</i>	110	120
Le Meridien Budapest	240	260	<i>Danubius Arena</i>	110	130
Marriott Budapest Hotel	225	255	<i>Lion's Garden</i>	110	130
			<i>Soho Boutique Hotel</i>	105	120
<i>Non Classified</i>			<i>Golden Park</i>	95	105
			<i>Marmara Design Hotel</i>	85	100
Hilton Budapest Westend	240	265	<i>Actor Business Hotel</i>	83	97
★★★★			★★★		
<i>Art'otel Budapest</i>	185	233	<i>Erzsébet Hotel City Center</i>	145	165
<i>Novotel Budapest Danube</i>	185	195	<i>Ibis Centrum</i>	105	115
<i>Radisson BLU Beke</i>	185	200			
<i>Mercure Museum - Classic Style</i>	180	200	<i>IBIS budapest City</i>	100	110
<i>Mercure Museum - Modern Style - Fully booked</i>	180	200	<i>Promenade City Hotel ***SUP</i>	95	105
<i>Mercure City Center</i>	175	185	<i>Ibis Vaci Ut</i>	90	100
<i>Mercure Budapest Korona Hotel</i>	175	190	<i>Unio Hotel</i>	85	110
<i>Novotel Budapest Centrum</i>	175	185	<i>Atlas City</i>	80	90
<i>NH Budapest</i>	165	185	<i>Baross City Hotel</i>	80	90
<i>Danubius Astoria - Fully booked</i>	160	180	<i>Star City Hotel</i>	80	90
<i>La Prima Fashion (Opening March 2011)</i>	160	175	<i>Benczur - Superior</i>	78	91
<i>Expo Congress Hotel</i>	160	180	<i>Eben Hotel</i>	70	95
<i>Mercure Metropol</i>	150	165	<i>King's Hotel</i>	70	75
<i>Courtyard by Marriott Budapest City Center - Fully booked</i>	145	155	<i>Star Inn Hotel</i>	70	80
<i>Atrium Fashion Hotel</i>	130	140	<i>Veritas Hotel</i>	70	85
<i>Continental Zara</i>	140	160	<i>Corvin</i>	60	85

NAME _____

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RESERVATION: _____

Reservations will only be confirmed if credit card details are fully supplied; alternatively, please forward a deposit of 1 nights' payment per room in order to guarantee your accommodation. Each participant will receive an individual confirmation, indicating the name and address of the hotel. The booking will be final upon receipt of the corresponding deposit.

1st choice hotel _____ 2nd choice hotel: _____

Type of room required Single Double* Other

 Check In _____ Check out _____ Total night/s _____

* I will share my accommodation with: _____

PAYMENT

Please indicate the amount enclosed and preferred mode of payment. Ensure that you send your fully completed Registration and Accommodation Form together with your payment:

Registration Fees Euro _____
 Courses / Additional tickets / Social Event Euro _____
 Deposit for hotel accommodation Euro _____ (1st night payment)
 Total: Euro _____

Option 1: Credit Card

Visa MasterCard Amex

_____ Expiry Date (month/year) _____

Name as shown on card:

_____ First name _____

Option 2: Bank Transfer: Registration - with your name and address indicated on the reverse. If payment is made for more than one person or by a company please make sure all names are indicated and send fully completed Registration and Accommodation Forms together with a copy of the bank transfer. Please make drafts for registration payable to: "EFNS 2011", Bank Account: Credit Suisse Bank Geneva, 1211 Geneva 70, Switzerland. Clearing Number: 4835, Bank Account number: **693980-52-317**, IBAN number: CH49 0483 5069 3980 5231 7, Swift Code: CRESCHZZ80A

Accommodation: with your name and address indicated on the reverse. If payment is made for more than one person or by a company please make sure all names are indicated and send fully completed Registration and Accommodation Forms together with a copy of the bank transfer. Please make drafts for registration payable to: "EFNS 2011", Bank Account: Credit Suisse Bank Geneva, 1211 Geneva 70, Switzerland. Clearing Number: 4835, Bank Account number: **693980-52-318**, IBAN number: CH22 0483 5069 3980 5231 8, Swift Code: CRESCHZZ80A

Bank charges are the responsibility of the participant and should be paid at source in addition to the registration and accommodation fees.

CANCELLATION POLICY – REGISTRATION

CANCELLATION POLICY – HOTEL ACCOMMODATION

<p>All cancellations must be faxed, electronically mailed or post-marked:</p> <p>Cancellations received up to June 15, 2011 – full refund less €50 handling fee will be made</p> <p>Cancellations received between June 16 and August 10, 2011 - 50% refund will be made</p> <p>After August 11, 2011 - no refunds will be made</p>	<p>All changes or cancellations have to be made in writing to Kenes International. Please do not contact the hotel directly.</p> <p>Cancellations/changes received up to 15 days prior to arrival (up 26/08/2011) – Full refund less handling fee of €35.</p> <p>Cancellations/changes received 14-10 days prior to arrival (up to 31/08/2011 – 1 night cancellation charge.</p> <p>Cancellations/changes received from 01/09/2011 - No refund</p> <p>In the event of non-arrival, the hotel will automatically release the reservation, and the payment will be non-refundable.</p>
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Please indicate type of facility where employed (choose one)

Hospital University Hospital University Private practice Research institute Industry Press

Comprehensive care clinic Government agency Laboratory Other (please specify) _____

Please indicate your professional role (choose one)

Clinical practitioner Clinician researcher Basic science researcher Epidemiology/Statistics
 Nurse/Healthcare practitioner Health administrator Industry/Corporate professional Resident/Research Fellow

Student Other (please specify) _____

Please indicate your area of expertise (choose one)

Neurology Neuroscience Psychiatry Psychology Pharmacology Internal medicine Neurosurgery Radiology/Imaging
 Physical Medicine & rehabilitation Geriatrics/Gerontology Physiology Other (please specify) _____

Please indicate your clinical interests (choose up to two)

Parkinson's disease and other movement disorders Addictions Dementia Epilepsy Genetic aspects Geriatric aspects
 Cerebrovascular disease Central nervous system Autonomic nervous system Peripheral nervous system Headache
 Neuroimmunology Intensive care Metabolic disorders Multiple sclerosis Muscle disorders Neurooncology Pain
 Neuropathic pain Non-dementing degenerative disorders Paediatric aspects Cognitive neurology Neuroimaging Stroke
 Neurorehabilitation Sleep disorders Neuropsychology Neuroradiology Other (please specify) _____

How did you learn about this congress? (Please choose the key source)

Colleague / Co-worker Congress Brochure E-mail Newsletter Sponsor Search Engine (i.e. Google)
 Society/Professional Websites Online/Print Journal Internet event calendars Online Discussion Groups Other

Date _____ **Signature** _____

By signing this form you authorize KENES INTERNATIONAL to charge the above credit card for the balance of your account three weeks prior to your arrival for services ordered.