



13th CEHC & HEPATOLOGY 2024

CONFERENCE

REGISTRATION FORM

NAME OF CONFERENCE: 13th CEHC & HEPATOLOGY 2024

DATE: 05 – 07. September 2024.

LOCATION: THERMAL HOTEL VISEGRÁD**** | H-2025 Visegrád, Lepence-völgy Hrsz.:1213

NAME OF GUEST:

INVOICE ADDRESS:

COMPANY:

TEL:

E-MAIL:

Detailed information about the conference can be found on our web site:

www.hepatologia.medicongressbudapest.com

REGISTRATION FEE*	UNTIL 1. JULY 2024.	AFTER 1. JULY 2024.
13. CEHC & HEPATOLOGY 2024 CONFERENCE 05 – 07. SEPTEMBER 2024.	<input type="checkbox"/> 64.900,-Ft/fő	<input type="checkbox"/> 74.900,-Ft/fő
13. CEHC CONFERENCE 06 – 07. SEPTEMBER		<input type="checkbox"/> 49.900,-Ft/fő
DAILY TICKET		<input type="checkbox"/> 29.900,-Ft/fő
ACCOMODATION**	SINGLE	DOUBLE (per person)
05. SEPTEMBER 2024.	<input type="checkbox"/> 59.900,-Ft/person	<input type="checkbox"/> 49.900,-Ft/person
06. SEPTEMBER 2024.	<input type="checkbox"/> 59.900,-Ft/person	<input type="checkbox"/> 49.900,-Ft/ person
IN CASE OF DOUBLE ROOM, NAME OF ROOMMATE:		
<small>*Registration fee includes tax, visit of scientific program, exhibition area, coffee breaks and lunch access. **Accommodation fee include tax, breakfast and dinner access. ***Cancellation policy: cancellations can be accepted via email or written letter only free of charge until 31. July 2024. For cancellation made afterwards 50% penalty shall be paid. Cancellations made beyond 15. August 2024. we will charge 100% penalty.</small>		

I cover my participation and declare that the cost of the above ordered services will be paid to the account of MEDICONGRESS HUNGARY KFT., invoice to be initiated to the above given address.
Bank account/ IBAN: HU22 12020407 01471761 00100004
SWIFT: UBRTHUHB

My participation is covered by _____
Invoice address: _____

Pls. send us the registration form to the below email or postal address::

MEDICONGRESS HUNGARY KFT.
Móricz Zs.str.13., Biatorbágy, H-2051
monika.villert@gmail.com

Date _____

Signature _____

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