

## 2<sup>nd</sup> East European Course of Epilepsy joint to SRIE Summer School

*Cheile Gradistei, Romania, 15-17 June 2016*

### *Booking Form*

#### PERSONAL DETAILS

Title	
First Name	
Surname	
Position	
Place of Work	
Address for correspondence	
Telephone	
Email	

*Please write (type) your email address very clearly so that we are able to read it. We will email information to you before the course.*

#### DEADLINE

- 15 May 2016 for final registration
- 25 April 2016 – bursary applications (results of selected bursary recipients – 10 May 2014)

#### BOOKING

I would like to attend the following:

- |  |                              |                          |
|--|------------------------------|--------------------------|
| <b>COURSE OF EPILEPSY (Chapter member)</b> | to be payed: <b>360 Euro</b> | <input type="checkbox"/> |
| <b>COURSE OF EPILEPSY (nonmember)</b>      | to be payed: <b>450 Euro</b> | <input type="checkbox"/> |
| <b>CEA ILAE BURSARY (10 available)</b>     | to be payed: <b>110 Euro</b> | <input type="checkbox"/> |
| <b>SRIE BURSARY (10 available)</b>         | to be payed: <b>110 Euro</b> | <input type="checkbox"/> |

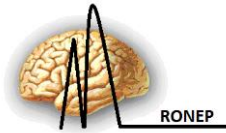
Please book accommodation for me (1 place in double room) arriving on \_\_\_\_\_ and departing on \_\_\_\_\_ (included in registration fee)

Please book accommodation for me (**single room**) arriving on \_\_\_\_\_ and departing on \_\_\_\_\_ for:

..... nights x 20 €/night additional fee

Gender (important for room allocation): \_\_\_\_\_

**Costs include 4** nights accommodation (14-18 June 2016), all meals, registration fee, any course material and social programme.



**Please arrange for transfers to / from International Airport Henry Coanda Bucharest.**

**My flight details are:**

Arrival date: \_\_\_\_\_

Arrival time: \_\_\_\_\_

Flight number: \_\_\_\_\_

Flying from: \_\_\_\_\_

Departure date: \_\_\_\_\_

Departure time: \_\_\_\_\_

Flight number: \_\_\_\_\_

Flying from: Bucharest

## **SPECIAL REQUIREMENTS**

Please let us know if you have any special dietary requirements (food allergies etc) or if you are a vegetarian or vegan so that we can make provision for you. For vegetarians, please specify if you eat cheese or other products from milk.

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## **PAYMENT**

Payment must be made at the time of your booking. I have paid by bank transfer to "Societatea Romana Impotriva Epilepsiei (SRIE)"

SRIE Address: Bucuresti, Str. Sg. Maj. Samoila Dumitru Nr. 10, Bl. 93, Sc.1, Et.5, Ap. 32, sector 4.  
Bank: Banc Post Sucursala Cosbuc,  
Bank address: Bulevardul Libertatii nr. 12, sector 4, Bucuresti Romania  
IBAN (lei): RO 54 BPOS 8100 2694 990 ROL01  
IBAN (euro): RO 93 BPOS 8110 2694 990 EUR01  
SWIFT code: BPOSROBU

**Romanian trainees may pay lei at National Bank exchange rate of the day of payment or euro.**

**All the other trainees will only pay euro.**

## **PLEASE SEND THIS COMPLETED FORM:**

By e-mail: [flore.ronep@yahoo.com](mailto:flore.ronep@yahoo.com) , by fax or post to:

Mrs. Florentina Grigore  
Pediatric Neurology Clinic  
Al Obregia Hospital  
Sos Berceni 10  
Sector 4, Bucharest, Romania  
Fax: 004 021 3347994

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