

2nd 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

- 1 June 2016 for final registration
- 20 May 2016 – bursary applications (results of selected bursary recipients – 1 June 2016)

BOOKING

I would like to attend the following:

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

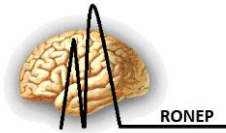
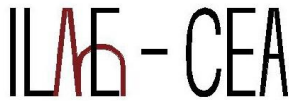
Please book accommodation for me (1 place in double room) arriving on _____ and departing on _____ (included in registration fee)

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.

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 , 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
