

# XII

BULGARIAN SOCIETY OF CARDIOLOGY

WWW.CARDIOBG.COM



## NATIONAL CONGRESS OF CARDIOLOGY

7 - 10 OCTOBER 2010, ALBENA RESORT, VARNA, BULGARIA



Deadline: 15 August 2010

## REGISTRATION FORM

### 1 PERSONAL DATA

Name	Scientific degree
Organization / Company	
Country / City	Address
Phone / Fax	E-mail
Accompanying person	

### 2 REGISTRATION FEE

till 15 August	<input type="checkbox"/> 65 €
after 15 August and on-site	<input type="checkbox"/> 80 €
Students, post-graduate students, nurses	<input type="checkbox"/> 30 €

*The Registration fee includes:*

- Participation in all sessions
- Delegate's kit
- Access to the Exhibition
- Scientific program
- Congress Dinner
- Certificate for attendance

### 3 HOTEL BOOKING

Hotel	Room type	Single occupancy	Double occupancy	The hotel rates are indicated in Euro per room per night, on <b>ALL inclusive basis</b> , including all taxes. The booking is guaranteed after receiving of the completed Registration form and prepayment of the entire stay.
Flamingo Grand /5 stars/	De Luxe Studio	<input type="checkbox"/> 60 €	<input type="checkbox"/> 74 €	
Laguna Garden /4 stars/	Standard room	<input type="checkbox"/> 38 €	<input type="checkbox"/> 58 €	
Laguna Beach /4 stars/	Standard room	<input type="checkbox"/> 38 €	<input type="checkbox"/> 58 €	
Malibu /3 stars/	Standard room	<input type="checkbox"/> 33 €	<input type="checkbox"/> 50 €	
Orlov /3 stars/	Standard room	<input type="checkbox"/> 33 €	<input type="checkbox"/> 50 €	

Check-in date:	Check-out date:	Number of nights:
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**TOTAL ACCOMMODATION (entire stay) ..... €**

### 4 TRANSFERS

Arrival in Varna:	Flight No:	Hour:	Transfer Varna Airport – Albena <input type="checkbox"/> yes .....pax
Departure from Varna:	Flight No:	Hour:	Transfer Albena – Varna Airport <input type="checkbox"/> yes .....pax

The price for a transfer in one direction is 22 € per person.

### 5 SOCIAL EVENTS & TOURS

*Please tick the box concerning the event you would take part in.*

- 9 Oct. 20:00 – Congress Dinner (included in the registration fees)
- 10 Oct. 10:00 – 12:00 – Sightseeing tour of Varna – price 25 € per person

## 6 PAYMENT

Please fill in the price for each service that you would like to include.

Registration fee(s)	€
Hotel	€
Sightseeing tour of Varna	€
Transfer Airport – Albena Resort	€
Transfer Albena Resort - Airport	€
GRAND TOTAL	€

### Methods of Payment (please choose one of the following)

#### By Bank transfer

**Account holder:** Company for International Meetings (CIM) Ltd.

**Bank:** Eurobank EFG Bulgaria, Solunska Branch (15 Solunska Str., 1000 Sofia)

**IBAN:** BG54BPBI79401401226001

**BIC:** BPBIBGSF

*Currency exchange charges and bank collection fees are responsibility of the sender.*

*Please, send a copy of the payment documents to CIM.*

*Please, indicate clearly your name and "12 Cardiology Congress" on the bank document.*

#### By Credit Card

For credit card payments please properly complete the required fields below and fax to CIM at + 359 2 980 60 74

Credit card type.....

Credit card number.....

Expiry date.....

CVC number\*.....

4CSC number\*\*.....

Cardholder's name.....

*\*for Visa, MasterCard (last 3 digits from the number in italic on the backside of the card)*

*\*\* for AmEx (4 digits above the credit card number)*

Please, note that the bank charge by payment with credit card is 3 % of the total amount.

Visa/MasterCard  American Express

I hereby authorize CIM Ltd. (Bulgaria, Sofia, 18, Hristo Belchev Str.) to charge my credit card for the following payment:

Registration.....€

Hotel.....€

Tour.....€

Transfers.....€

Total amount.....€



Date:

Signature:

## 7 PRIVACY & CANCELLATION POLICY

Cancellation period	Cancellation fee
Before 1.09.2010	30 € administrative charges
Before 15.09.2010	50 % of the amount prepaid
After 15.09.2010	No refunds

The Company for International Meetings – CIM Ltd. will use the personal information you have submitted only to process your registration and booking. CIM Ltd. takes the privacy of your personal data very seriously.

A **confirmation letter** will be sent to each participant upon receipt of the Registration form and respective payment.

Date: \_\_\_\_\_

Signature: \_\_\_\_\_