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E-Mail: eurothrombosis2012@mondial-congress.com

Mail or Fax to:

MONDIAL CONGRESS & EVENTS

Operngasse 20B, A - 1040 Vienna, Austria

REGISTRATION FORM	R	EG.	IST	'RA'	ΓΙΟ	N	FΟ	RM
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A.	Demographics									
☐ Mr.										
	Name:									
Organisation / Company:										
Address:										
City, Postal Code: Country Telephone: Fax:										
	*:									
k Comp	ulsory field as all c	onfirm	ations are se	ent by em	ail!					
B.	Registration									
Туре					Regi	stration	Fee			
Delega	ate Registration				□ € 4	400				
Day Ti	cket				□ € 2	220 🔲 Oct. 11 🚨 Oct. 12 🚨 Oct. 13				
Members of the Working Group on Thrombosis and of the Acute Cardiac Care Association (ACCA) Registration				□ € 200						
Members of the Working Group on Thrombosis and of the Acute Cardiac Care Association (ACCA) Day Ticket					□ € :	110	□ Oct. 11 □ Oct. 12 □ Oct. 13			
Physicians in Education*					☐ Free entrance					
Medical Student*					☐ Free entrance					
Nurse*					□ Fre	ee entrar	nce			
Accepted Best Abstract and Poster Presenters						☐ Free entrance				
Gesmb * Physic status/r	H. cians in Education,	Stude	nts and Nurs	es need to	o prov	ide writt	en proof	of their stude	nd Study Concept nt I, otherwise normal	
C.	Social Programme									
Friday,	riday, October 12, 2012 Conference Evening			Inclusive						
D.	Accommodation									
Hotel		Single Room Double		e Room Single Use		Double Room		Deposit		
Hotel V	Wandl **** ☐ EUR 115,- ☐ EUR 1		40,-		□ EUR 180,-		1 night			
Hotel a	I am Stephansplatz		□ EUR 2	15,-		□ EUR 235,-		1 night		
Steige Herren	nberger Hotel hof			□ EUR 2	:35,-		□ EUR 255,-		1 night	

Hotel deposits are cashed in name and on responsibility of the hotel.						
Date of Arrival: (DD/MM/YY)						
ate of Departure: (DD/MM/YY)						
otal Number of Nights:						
Late Arrival: (h approximately)						
haring with (in case of double room):						
pecial requests:						
E. Terms and Conditions						
Registration: Please note that registrations can only be accepted and confirmed upon receipt of the filled out registration form and receipt of full registration payment. As soon as the Organizing Secretariat has received your payment, a letter of confirmation will be e-mailed.						
In order to avoid waiting times we kindly ask you to submit registration payment prior to the conference.						
Cancellations must be made in writing to the Conference Secretariat, Mondial Congress & Events. Refunds – less EUR 40.– administration fee – will be granted to delegates unable to attend, provided written notice is received by Mondial Congress & Events by Thursday, September 27, 2012. After this date, no refunds are available. Amounts due will be reimbursed after the Congress.						
Accommodation: Prices are per room per night incl. breakfast, service charges and taxes. The numbers of nights booked is binding and serves as a basis for your hotel invoice. Should the desired hotel category no longer be available, similar accommodation will be offered. Please note that the hotel booking can only be guaranteed upon receipt of the respective deposit. The balance between the deposit and your total hotel invoice must be settled directly at the hotel.						
All changes or cancellations must be in writing. For cancellations received by Friday, August 24, 2012 , an administrative fee of EUR 40,– will be charged.						
For cancellations received after that date, the amount of 1 night shall be forfeited. Due to organisational reasons we kindly ask you to make your room reservation by Friday, August 24, 2012. After this date rooms are only available upon request.						
F. Mode of Payment						
□ Bank Transfer to Mondial Congress						
Bank: UniCredit Bank Austria AG, Schottengasse 6-8, 1010 Vienna, Austria Bank Code: 12000 Account Number: 52946 028 182 Account Name: Eurothrombosis Summit 2012 IBAN: AT90 1200 0529 4602 8182 SWIFT/BIC Code: BKAUATWW						
Please make sure that payments are made "free of charge for Mondial Congress & Events". Please note that any bank fees will be charged to the participant						
□ Please charge the following credit card						
□ VISA □ Eurocard/Mastercard □ Diners Club □ Amex						
Amount:						
Credit Card Number:						
Expiry Datte:						
Cardholder:						
Signature of Cardholder:						

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Place, Date

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Signature