



REGISTRATION AND HOTEL RESERVATION FORM

XXXI. Annual Congress
of the European Society for Artificial Organs
September 8th – 11th, 2004
WARSAW – POLAND

Please fill-in this form and mail or fax it directly to:

“Congress-Or” Congress & Tourism Bureau
47 Zurawia street, Apt. 304
00-680 Warsaw, POLAND

Phone / Fax: (48 22) 621-31-16
(48 22) 628-45-48
E-mail: i.grela@congressor.com.pl

PERSONAL INFORMATION

Mrs. Ms. Mr. First Name: _____
Title: _____ Surname: _____
Organization / Company: _____
Department: _____
Address: _____
City: _____ Postal Code: _____ Country: _____
Phone: _____ Fax: _____
E-mail: _____
Accompanying Person(s): _____

REGISTRATION FEE

Category	Early Registration Before 20 th of July	Late Registration After 20 th of July
ESAO Member	<input type="checkbox"/> 300 Euro	<input type="checkbox"/> 350 Euro
ESAO Non-Member	<input type="checkbox"/> 350 Euro	<input type="checkbox"/> 400 Euro
Central and Eastern European Countries		
ESAO Member	<input type="checkbox"/> 200 Euro	<input type="checkbox"/> 250 Euro
ESAO Non-Member	<input type="checkbox"/> 250 Euro	<input type="checkbox"/> 300 Euro
Student (confirmation from university is required)	<input type="checkbox"/> 150 Euro	<input type="checkbox"/> 200 Euro
One Day Registration	<input type="checkbox"/> 120 Euro	<input type="checkbox"/> 150 Euro
Accompanying Person(s)	<input type="checkbox"/> 50 Euro	<input type="checkbox"/> 50 Euro

REGISTRATION FEE SUBTOTAL: _____

HOTEL RESERVATION

Hotel reservation deadline: 20th of July, 2004

Hotel Name	Single Room			Double Room		
	First Choice	Second Choice	Room Rate	First Choice	Second Choice	Room Rate
Sofitel Victoria *****	<input type="checkbox"/>	<input type="checkbox"/>	139 Euro	<input type="checkbox"/>	<input type="checkbox"/>	158 Euro
Jan III Sobieski ****	<input type="checkbox"/>	<input type="checkbox"/>	112 Euro	<input type="checkbox"/>	<input type="checkbox"/>	128 Euro
Europejski ***	<input type="checkbox"/>	<input type="checkbox"/>	88 Euro	<input type="checkbox"/>	<input type="checkbox"/>	100 Euro
Novotel Centrum ***	<input type="checkbox"/>	<input type="checkbox"/>	85 Euro	<input type="checkbox"/>	<input type="checkbox"/>	94 Euro
Grand ***	<input type="checkbox"/>	<input type="checkbox"/>	74 Euro	<input type="checkbox"/>	<input type="checkbox"/>	82 Euro
Vera ***	<input type="checkbox"/>	<input type="checkbox"/>	56 Euro	<input type="checkbox"/>	<input type="checkbox"/>	66 Euro
Campanile **	<input type="checkbox"/>	<input type="checkbox"/>	50 Euro	<input type="checkbox"/>	<input type="checkbox"/>	58 Euro

HOTEL DEPOSIT SUBTOTAL: _____

Remarks (e.g. no. of rooms): _____ No. of nights: _____
Arrival Date: _____ Flight No.: _____ Departure Date: _____ Flight No.: _____

Reservation deadline is 20th of July 2004. A one-night deposit is required for each room booking. The sum will be deducted from the total amount at the final settlement of your account.

The remaining due for hotel accommodation must be paid in the Central Reception of the Congress, not in your hotel. Hotel rates include one overnight stay, breakfast and VAT valid in February 2004. In case of modification of VAT regulations in Poland the "Congress-Or" reserves the right to change the prices. Please note that all unsold room will be released on 20th of July and reservation requests after this date will be accepted upon availability. In case of non-arrival, a hotel will automatically release the reservation and the one-night deposit will be non-refundable. Official check-in time for all hotels is 14:00 and checkout is noon. **Cancellation policy:** there will be **no charge** if the hotel booking is cancelled up **until 20th of July 2004**.

SOCIAL PROGRAM & POST-CONGRESS TOURS

Event description	Price per Person	No. of Persons	Fee
<input type="checkbox"/> Wednesday, Sep. 8 th , 2004, 12:00-14:00 <i>Sightseeing of Warsaw</i>	35 Euro	_____	_____
<input type="checkbox"/> Wednesday, Sep. 8th, 2004, 19:00-21:30 Welcome Reception at the Porczyński Gallery	Free of charge	_____	_____
<input type="checkbox"/> * Thursday, Sep. 9 th , 2004, 9:30-14:30 <i>Visit to the Botanical Garden and Wilanów Palace</i>	50 Euro	_____	_____
<input type="checkbox"/> Thursday, Sep. 9 th , 2004, 18:00 <i>Excursion to Żelazowa Wola</i>	98 Euro	_____	_____
<input type="checkbox"/> * Friday, Sep. 10 th , 2004, 10:30-13:30 <i>Visit to the Łazienki Park</i>	30 Euro	_____	_____
<input type="checkbox"/> Friday, Sep. 10th, 2004, 18:00-23:00 Festive Dinner in a beautiful Mazovian Castle	45 Euro	_____	_____
<input type="checkbox"/> * Saturday, Sep. 11 th , 2004, 9:30-13:30 <i>Visit to the Royal Castle</i>	30 Euro	_____	_____
<input type="checkbox"/> Sunday, Sep. 12 th , 2004 <i>Post-Congress Two Days Coach Tour to Cracow</i>	333 Euro	_____	_____
<input type="checkbox"/> extra charge for a single room	55 Euro	_____	_____
<input type="checkbox"/> Sunday, Sep. 12 th , 2004 <i>Post-Congress Two Days Coach Tour to Gdańsk</i>	310 Euro	_____	_____
<input type="checkbox"/> extra charge for a single room	50 Euro	_____	_____
<u>SOCIAL PROGRAM SUBTOTAL:</u>			

* This event will take place during congress sessions and because of this it is especially arranged for the accompanying persons.

PAYMENT

Payment must be made in EURO

TOTAL AMOUNT: _____ **EURO**

Bank transfer:

When sending a bank transfer please indicate: **ESAO Congress 2004 code 88-301/ESAO, your name and address** on the bank transfer order. Total payment for registration fee, hotel deposit and ordered services must be made to:

Account name: "**CONGRESS-OR**" Congress & Tourism Bureau (88-301/ESAO)
Bank name: **Bank Przemyslowo-Handlowy PBK S.A.** / Branch name: **O/Warszawa**
Account number: **14 1060 0076 0000 4010 4024 2223** / SWIFT: **BPHKPLPK**

Please ensure that the bank charges are borne by the participant and that the participant's name appears on the payment order. Please send a copy of the bank transfer receipt to the "CONGRESS-OR" either by fax or regular mail.

Credit card:

I authorize "CONGRESS-OR" Congress & Tourism Bureau to debit my: **Visa Card / Diners Club / American Express / MasterCard / EuroCard / JCB** for the above total amount.

Card number: _____ Expiry date: _____

Name of the credit card holder: _____

Billing address of the credit card holder: _____

Signature of the card holder: _____ Date: _____