**REGISTRATION FORM**

Please fill in the form and send it to Congress Ltd., in email (imekotc10@congress.hu)

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**1 ) PERSONAL DATA (Please, print or type)**

Family name:................................................................... First name:.............................................................................

Title:...................................................................... Gender: male female

Institution/Office:...........................................................................................................................................................

Street:................................................................................................................................................................................

ZIP Code:................................................................City:.................................................................................................

Country:...........................................................................................................................................................................

Phone:................................................................................Email:....................................................................................

***Invoicing address (if different from above)***

Company name:............................................................................................................................................................

Street:...................................................ZIP code:........................City:..........................................................................

Country:...........................................................................................................................................................................

European Union VAT number:.......................................................................................................

**2) REGISTRATION FEE (**✓**Please tick)**

Acknowledgement of registration will be sent after receiving your payment.

|  |  |  |  |
| --- | --- | --- | --- |
| **(reverse charge for EU VAT nr, 0% VAT for third countries, + 27% VAT for individual and Hungarian participants)** | **Early  (before 28 June 2019)** | **Regular  (between 29 June and 18 August 2019)** | **Late**  **(after 19 August 2019)** |
| **REGISTRATION FEE** | **□ 350 EUR** | **□ 400 EUR** | **□ 450EUR** |
| **STUDENT FEE** | **□ 180 EUR** | **□ 220 EUR** | **□ 280 EUR** |
| **EXTRA PAPER FEE** | **□ 50 EUR** | **□ 50 EUR** | **□ 50 EUR** |

*Cancellation of registration must be submitted in writing via fax or email. Cancellations received before 28 June 2019 are subject to a 20% administrative fee. No refunds will be paid after 28 June 2019 but delegate substitution is permitted.*

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**THE REGISTRATON FEE FOR PARTICIPANTS AND STUDENTS INCLUDES:**

Participation in the scientific program

Access to the Conference Banquet

Coffee, refreshment and lunch in the breaks during the conference days

Conference Bag,

Proceedings on USB stick

**3) PAYMENT METHOD**

|  |  |
| --- | --- |
| ❑ **CREDIT CARD PAYMENT**  I authorise Congress Ltd. to charge the IMEKO TC 10 (2019) registration fee to the credit card listed below.  EUR **....................**  ❑ EuroCard/MasterCard ❑ Visa  Card number  Expiration date (mm/yy)  CVV code  *(Last 3 digits of the security code on the back side of the card)*  Cardholder’s name:  Cardholder’s address:      Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Cardholder’s signature: | ❑ **BANK TRANSFER**  Beneficiary's name: Congress Ltd.  Erdő u.66, BUDAKESZI, H-2092 HUNGARY IBAN:HU 91 1020 1006 6020 2507 0000 0000 Bank name: K&H Bank Rt.  Bank address: Arany J. u. 20., BUDAPEST,  H-1051 HUNGARY  SWIFT Code: OKHBHUHB  VAT no.: HU10313657  While making the bank transfer please do not forget to indicate “IMEKO TC10” and the participant’s name. Payments sent by bank transfer must be free of charges for Congress Ltd.  Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_Signature |

I, the undersigned, certify to have read and agree the above mentioned conditions concerning registration, payments, cancellation and refunds.

Date:………………………………..……...Signature:……………………………………..……..........