



### REGISTRATION AND ACCOMMODATION FORM

Please complete this form and return it to: SPEKTAR PUTOVANJA d.o.o., **A:** Andrije Hebranga 34, 10 000 Zagreb, Croatia  
**T:** +385 1 4862 608, **F:** +385 1 4862 622, **E:** [ivona.belamaric@spektar-holidays.hr](mailto:ivona.belamaric@spektar-holidays.hr) / **PLEASE USE BLOCK LETTERS**

#### PARTICIPANT INFORMATION

Family name ..... Name .....

Title ..... Institute / Department / Hospital: .....

Address ..... Country .....

Zip code ..... City ..... Phone .....

Fax ..... E-mail .....

#### REGISTRATION FEE

Category	Early: till April 15,2018	Late and Onsite: from April 16,2018
Regular	400,00 EUR <input type="checkbox"/>	500,00 EUR <input type="checkbox"/>
Student *	250,00 EUR <input type="checkbox"/>	350,00 EUR <input type="checkbox"/>
Accompanying Person	180,00 EUR <input type="checkbox"/>	180,00 EUR <input type="checkbox"/>
Exhibitor	180,00 EUR <input type="checkbox"/>	180,00 EUR <input type="checkbox"/>

REGISTRATION SUBTOTAL =

\* STUDENT: The applicant's Registration Form must be accompanied by written proof of status (send to email: [ivona.belamaric@spektar-holidays.hr](mailto:ivona.belamaric@spektar-holidays.hr)); otherwise low fees will not be validated. Applicable for PhD students and postdoc students within 3 years of receiving PhD. When letters, certifying status, are sent after the early registration deadline, late fees will be applicable even when the registration forms are received before the deadline.

**Regular and Student registration fee includes:** • Admission to all Scientific Sessions • Admission to Poster Area and Exhibition • Symposium Materials (Symposium bag, final program, abstract publication, badge) • Certificate of Attendance • Coffee Breaks and Lunch; **Accompanying Person registration fee includes:** • Coffee Breaks and Lunch • Admission to general areas of the Symposium Venue (not to Scientific Sessions); **Exhibitor registration fee includes:** • Admission to Exhibition Area • Coffee Breaks and Lunch

#### GALA DINNER

Price per person	Yes	No	No of persons
60 EUR	<input type="checkbox"/>	<input type="checkbox"/>	

#### HOTEL BOOKING

HOTEL NAME	Single room	Double room	Arrival date	Departure date
Sheraton Dubrovnik Riviera Hotel	141,00 EUR <input type="checkbox"/>	152,00 EUR <input type="checkbox"/>	____/____2018	____/____2018

\*Rates are in EUR, per room, per day (breakfast, VAT and City Tax are included). Deadline for reservation and payment: April 15, 2018.

## CANCELLATION CONDITIONS

All cancellations have to be sent in writing (e-mail, fax or post) to Spektar putovanja d.o.o.

- Cancellation before April 15, 2018 – full refund deducting a handling fee of 30 EUR.
- Cancellation from April 16 till June 15, 2018 – a refund of 50% deducting a handling fee of 30 EUR.
- Cancellation after June 15, 2018 – after this date, there will be no refund whatsoever.

**IMPORTANT:** Spektar putovanja d.o.o. reserves the right to charge 30,00 EUR for any name change.

## INVOICE INFORMATION

I will cover all expenses by myself

In case your company / institution is covering all or some expenses, please complete the following information:

Company ..... VAT No .....

Address .....

Zip code ..... City ..... Country .....

Tel ..... Fax .....

E-mail .....

Registration fee  Gala dinner  Accommodation

## METHODS OF PAYMENT

All payments should be made in advance in EURO or KUNA and made out to "SPEKTAR PUTOVANJA" d.o.o. Please choose the method of payment with checking out the appropriate box:

**BY BANK TRANSFER**

The bank transfer payment should be made payable to Spektar Putovanja d.o.o. The participant's full name and the reference number 010/003/2018 should be included with the payment.

**Account information for payment in KUNA:**

Spektar putovanja d.o.o.  
ZAGREBACKA BANKA ZAGREB  
IBAN: HR3923600001101441264

**Payment in EUR:**

Spektar putovanja d.o.o.  
ZAGREBACKA BANKA ZAGREB  
IBAN: HR1323600001500395457  
SWIFT / BIC: ZABA HR 2X

**BY CREDIT CARD**

American Express     Diners Club International     Eurocard/Mastercard     Visa

Credit card number

Expiry date: Month ..... / Year ..... CVV # .....

Having signed below, I herewith confirm that I have read and I am fully aware of the cancellation conditions. I hereby authorize Spektar Putovanja to debit this credit card account for the total amount due, I also consent to Spektar Putovanja debiting or crediting my credit card account with the amount of any subsequent change(s) to the items booked. I also authorize to process my personal data due to conference purpose. I am aware that I may review and correct my data

Credit card owner's name .....

Signature ..... Date .....