

Booking Form

PERSONAL DETAILS

Title	
First Name	
Surname	
Position	
Place of Work	
Address for correspondence	
Telephone	
Email	

Please write your email address very clearly so that we are able to read it. We will email information to you before the course.

DEADLINES

- 25 May 2014 for final registration
- 25 April 2014 – bursary applications (results of selected bursary recipients – 30 April 2014)

BOOKING

I would like to attend the following:

**COURSE OF EPILEPSY
BURSARY**

**400 Euro
100 Euro**

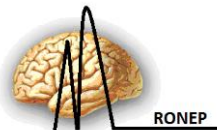
☐ Please book accommodation for me (1 place in double room) arriving on _____ and departing on _____ (included in registration fee)

☐ Please book accommodation for me (**single room**) arriving on _____ and departing on _____ for:

☐ **4 nights – € 80 additional fee**

Gender (important for room allocation): _____

Costs include 4 nights accommodation for course, all meals, registration fee, any course material and social programme.



Please arrange for transfers to / from International Airport Henry Coanda Bucharest.

My flight details are:

Arrival date: _____

Arrival time: _____

Flight number: _____

Flying from: _____

Departure date: _____

Departure time: _____

Flight number: _____

Flying from: Bucharest

SPECIAL REQUIREMENTS

Please let us know if you have any special dietary requirements (food allergies etc) or if you are a vegetarian or vegan so that we can make provision for you. For vegetarians, please specify if you eat cheese or other products from milk.

PAYMENT

Payment must be made at the time of your booking. I have paid by bank transfer to "Fundatia Romana de Neurologie si Epileptologie, RONEP"

Address: Str Mr Ionescu Atanase nr.43, sector 2, Bucuresti, Romania
Bank: BCR Sucursala Mihai Bravu,
Bank address: Soseaua Mihai Bravu nr 172 Bl.230, sector 2, Bucuresti Romania
IBAN (lei): RO 44 RNCB 0084 0107 6462 0001
IBAN (euro): RO 44 RNCB 0084 0107 6462 0004
SWIFT code: RNCBROBU

Romanian trainees may pay lei at National Bank exchange rate of the day of payment or euro.

All the other trainees will only pay euro.

PLEASE SEND THIS COMPLETED FORM:

By e-mail: flore.ronep@yahoo.com , by fax or post to:

Mrs. Florentina Grigore
Pediatric Neurology Clinic
Al Obregia Hospital
Sos Berceni 10
Sector 4, Bucharest, Romania
Fax: 004 021 3347994
