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| logo Ero |  |

**European Regional Organization**

**Plenary Session**

**21 – 22 April 2017, GENEVA, SWITZERLAND**

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| **REGISTRATION FORM**  Please fill in **one** registration form **per** participant and send this form by fax or email **before February 28th** at the latest to: |

*ERO Secretariat Phone: +41 31 313 31 61*

*Muenzgraben 2, PO Box Fax: +41 31 313 31 40*

*CH-3001 Bern / Switzerland e-Mail:* [*ero-sekretariat@sso.ch*](mailto:ero-sekretariat@sso.ch)

[*www.erodental.org*](http://www.erodental.org/)

Association: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

❒ Mrs/Ms ❒ Mr Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Last name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

First name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

❒ Delegate ❒ Alternate ❒ Guest

Country: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip Code: \_\_\_\_\_\_\_\_\_ City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fax: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mobile: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-Mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Accompanying Person ❒ Mrs/Ms ❒ Mr \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Accompanying Person ❒ Mrs/Ms ❒ Mr \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Accommodation and meeting location**

**NOVOTEL GENÈVE CENTRE\*\*\*\***

19 Rue de Zurich

1201 GENÈVE – Switzerland

Tel: +41/(0)22 909 9158 Fax: +41/(0)22 909 9001

[Email:](mailto:H3133-sb1@accor.com) H3133-sb1@accor.com Web: [www.accorhotels.com/3133](http://www.accorhotels.com/3133)

**Hotel booking**

**Hotel booking (please use the special hotel reservation form)** should be done as soon as possible in order to guarantee the availability of rooms (but before 20 March 2017 at the latest) by each participant (or on behalf of each participant) directly to the hotel.

**Recreational program – We recommend to make the reservation online:** [**http://kongressadministration.ch/detailen.php?id=17**](http://kongressadministration.ch/detailen.php?id=17)

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|  | Number | € | Total |
| **Thursday 20th, April 2017** |  |  |  |
| ❒ Welcome cocktail – 19:00-21:00 Restaurant – Novotel |  | free |  |
| **Friday, 21st April 2017** |  |  |  |
| ❒ Lunch - 12:30-13:30 Restaurant Novotel, for participant |  | 30 € |  |
| ❒ Lunch - 12:30-13:30 Restaurant Novotel, for accomp. person |  | 30 € |  |
| ❒ Visit of the Patek Philippe Museum (English  guide) walk through the city of Carouge -   14:00-17:00 – approx. 3 hours , for accompanying person |  | 30 € |  |
| ❒ Gala Dinner - 19:00 – Hotel Edelweiss, for participant |  | 100 € |  |
| ❒ Gala Dinner - 19:00 – Hotel Edelweiss, for accompanying person |  | 100 € |  |
| **Saturday, 22nd April 2017** |  |  |  |
| ❒ Lunch - 12:30-13:30 Restaurant Novotel, for participant |  | 30 € |  |
| ❒ Lunch - 12:30-13:30 Restaurant Novotel, for accomp. person |  | 30 € |  |
| ❒ Visit to Chaplin’s world, Vevey  14:00-21:00 approx. , for participant |  | 60 € |  |
| ❒ Visit to Chaplin’s world, Vevey  14:00-21:00 approx. , for accompanying person |  | 60 € |  |
| Grand Total |  |  |  |

The prices for the tours apply for groups of a minimum of 30 persons

* **Cancellations less than 48 hours before the event will be charged to the provided credit card.**

**Method of Payment**

**❒ Bank Transfer:**

I agree to transfer the registration total amount of €  (with costs of hotel accommodation) to the following bank account:

Please note, that all bank transaction fees that might arise while transferring the amount, have to be covered by you. **If those fees are not covered by you, your payment will not be in full amount and you will have to cover the rest on site.**

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| Bank | Credit Suisse (Schweiz) AG, 3001 Bern, Switzerland |
| Account number | 1872303-32 |
| IBAN | CH14 0483 5187 2503 3200 0 |
| BIC | CRESCHZZ80A |
| Details of payment |  |
| Account name | European Regional Organisation of FDI |

**❒ Credit Card:**

I hereby give permission to the organizer to charge the total amount to my credit card:

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| Name of Credit Card  (VISA, MasterCard) |  |
| Credit Card Holder |  |
| Card Number |  |
| Expiry Date (Month/Year) |  |
| CVD Code  Security Number (back of card) | (Visa, MasterCard: 3-digit number printed on the back of your card) |

**Various regulations apply for entering Switzerland. A basic distinction is made between citizens of EU and EFTA countries and those of other countries. The State Secretariat for Migration is the responsible authority in Switzerland (https://www.sem.admin.ch/dam/data/sem/einreise/merkblatt\_einreise/mb-grueezi-e.pdf)**

**Request for Visa Letter**

❒ Do you need an invitation letter for Visa?

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| Please provide us herewith with your passport details |  |
| Date |  |
| Signature |  |

**Please return this form before February 28th, 2017**