



СТОИЧНА КОЛЕГИЯ



# ERO PLENARY SESSION

APRIL 23-25 2026

HYATT HOTEL

SOFIA BULGARIA



# REGISTRATION

## Personal Information

Mr./Mrs./Ms.:

Last name:

First name:

E-mail:

Telephone:

Association

Address:

Accompanying Person:

*/if applicable/*

## Accommodation:

For accommodation at the Hyatt 5\* hotel, please follow the link provided and enter the code: **G-EFDI**

## Hotel Hyatt 5\* Sofia

- Single occupancy rate: **187 €**
- Double occupancy rate: **210 €**

If you choose double occupancy, please provide the name of the accompanying person in the Personal Information section.



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## Accommodation:

For accommodation at the Crystal Palace 4\* hotel, please follow the link provided and enter the code: [ERO FDI](#)

### [Hotel Crystal Palace 4\\* Sofia](#)

- Single occupancy rate: **143 €**
- Double occupancy rate: **166 €**

If you choose double occupancy, please provide the name of the accompanying person in the Personal Information section.

## Social Program

1  2  **Buffett lunch on 24<sup>th</sup> of April at hotel Hyatt 5\* 55 €**

1  2  **Buffett lunch on 25<sup>th</sup> of April at hotel Hyatt 5\* 55 €**

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1  2  **Gala Dinner on 24<sup>th</sup> of April at Chevermeto Restaurant 125 €**

1  2  **Exclusive Dinner on 25<sup>th</sup> of April at Cosmos Restaurant 85 €**

*\*Please indicate if you have any dietary requirements or restrictions (e.g., vegetarian, vegan, gluten-free, allergies):*

1  2  **Sofia Walking Tour on 25<sup>th</sup> of April 15 €**



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### Payment\*

**Payment for the registration you have selected may be effected by bank transfer to the following banking details:**

**Beneficiary Name:** [Eventiamo Ltd.](#)

**Payment:** [Bank](#)

**Bank:** [UBB](#)

**Bank Address:** [89B Vitosha Blvd., UBB Millennium Center, Sofia, Bulgaria](#)

**IBAN:** [BG66UBBS80021083754850](#)

**BIC/SWIFT:** [UBBSBGSF](#)

*\*In the payment order, please specify your full name together with the plenary session code - EROFDI. Kindly be advised that the registration shall be deemed confirmed only upon receipt of the corresponding payment.*

### Invoice

**If you require an invoice for the payment made, kindly complete your details in the field provided below:**

**YES**

**NO**

**Name**

**Address**

**Town**

**VAT**

**Custodian**



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## Visa

**If you require an invitation letter for visa purposes, please fill in your details below\*:**

*\*The information provided will be used solely for the preparation of the invitation letter.*

**Date and place of birth:**

**Passport number:**

**Date of issue and expiry date of the passport:**

**Nationality:**

## Contacts

**Official host of the upcoming ERO FDI Plenary Session:**

**Bulgarian Dental Association Sofia Region Body**

Address: Sofia 1000, 1B Rayko Daskalov sq., Bulgaria

Contact Person: Dr. Oleg Gladkov

Email: [office@bzs-srk.bg](mailto:office@bzs-srk.bg)

Telephone: [+359 886 138668](tel:+359886138668)

**For all organizational inquiries concerning the implementation and coordination of the plenary session, registration and accommodation, please contact the official PCO Eventiamo Ltd.:**

Mrs. Ilona Yankova

Email: [yankova@eventiamobg.com](mailto:yankova@eventiamobg.com)

Telephone: [+359 888 700 299](tel:+359 888 700 299)



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*Please note that upon submission of the form, you will receive a confirmation by e-mail containing your registration details after they have been processed. Should you identify any discrepancies, please contact Mrs. Ilona Yankova at the contacts provided.*

*By submitting this form, I consent to the use of the personal data I have provided for the purposes of this event.*

***The registration is open until March 15<sup>th</sup> 2026!***