



# 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:*

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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





СТОЛИЧНА КОЛЕГИЯ  
БЪЛГАРСКИ ЗЪБОЛЕКАРСКИ СЪЮЗ



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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: [+359886138668](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:+359888700299)





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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!***