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| logo Ero |  |

**European Regional Organization**

**Plenary Session**

**13 – 14 April 2018, SALZBURG, AUSTRIA**

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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: |

 *Österreichische Zahnärztekammer Phone: +43 664 4310959*

 *Kohlmarkt 11/6 Fax: +43 662 9010 2309*

 *A-1010 Wien e-Mail:* *mayer@kinderzahnmedizin.at*

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**

**SALZBURG CONGRESS**

Auerspergstr. 6

5020 SALZBURG – Austria

Tel: +43/(0)662 88987-0 Fax: +43/(0)662 88987 210

Email: servus@salzburgcongress.at Web: www.salzburgcongress.at

**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 13 March 2018 at the latest) by each participant (or on behalf of each participant) directly to Tourismus Salzburg GmbH.

**Recreational program**

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|  | Number | € | Total  |
| **Thursday 12th, April 2018** |  |  |  |
| ❒ Welcome Cocktail – 19:00-21:00 Steinterrasse  |  | free |  |
| **Friday, 13th April 2018** |  |  |  |
| ❒ Lunch - 12:30-13:30 Restaurant Mirabell Sheraton Grand for participant |  |  30 € |  |
| ❒ Lunch - 12:30-13:30 Restaurant Mirabell, for accomp. person  |  |  30 € |  |
| ❒ Walk through the city of Salzburg English guide -   14:00-17:00 – approx. 3 hours , for accompanying person |  | 30 € |  |
| ❒ Gala Dinner - 19:00 – Stieglkeller, for participant |  | 80 € |  |
| ❒ Gala Dinner - 19:00 – Stieglkeller, for accompanying person |  | 80 € |  |
| **Saturday, 14th April 2018** |  |  |  |
| ❒ Lunch - 12:30-13:30 Restaurant Mirabell Sheraton Grand for participant |  | 30 € |  |
| ❒ Lunch - 12:30-13:30 Restaurant Mirabell, for accomp. person  |  | 30 € |  |
| ❒ Visit of Salzkammergut14:00-21:00 approx. , for participant |  | 70 € |  |
| ❒ Visit of Salzkammergut  14:00-21:00 approx. , for accompanying person   |  |  70 € |  |
| 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 | Österreichische Ärzte- und Apothekerbank AG, 1010 Wien, Schottengasse 10 |
| IBAN | AT34 1813 0500 0021 0002 |
| BIC | BWFBATW1 |
| Details of payment |  |
| Account name | Österreichische Zahnärztekammer |
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**❒ Credit Card:**

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

|  |  |
| --- | --- |
| 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) |

**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, 2018**