**REGISTRATION FORM**

Please complete one form per delegate and send it as an attachment to

[ehrs2013@lodz.pl](mailto:ehrs2013@lodz.pl)

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Title | |  | First name | |  | | Last name | |  | | | Female | | Male |
| Organization | | |  | | | | | | | | | | | |
|  | | | | | | | | | | | |
| Address | | |  | | | | | | | | | | | |
|  | | | | | | | | | | | |
| City |  | | | | Zip Code |  | | Country | |  | |
| Tel. |  | | | Fax | |  | | | Email |  | | | | |

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **REGISTRATION +ACCOMODATION, recommended++++** | | | | | | | | | | |
|  | | Academic | Student /Retired | Industrial | | | Delegate+ Accompany# | | |  |
| Before  March, 15th | | *Single*  **650** € | *Single*  **550** € | *Single*  **750** € | | | *Double*  **950** € | | | € |
| *Share\**  *in double*  **520** € *each* | *Share\**  *in double* 420 €*each* |  | | | Student +Accompany#  **770 €** | | |  |
| After  March, 15th | | **All prices increase by 100** € | | | | | | | | € |
| ++++Accommodation at Hotel AMBASADOR CENTRUM, the Conference venue for 4 nights: Wed08May- Sun12May 2013 | | | | | | | | | | |  |  |  |  |  |
| **­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­Arrival Date: Departure Date:** | | | | | | | | | | |  | Departure Date |  | No of nights: | **4** |
| **REGISTRATION only** | | | | | | | | | | |  |  |  |  |  |
|  | Academic | | Student /Retired | Industrial | | | Partner | | | € |
| Before  March, 15th | **400€** | | **270€** | | **550€** | **270€** | | |  | |
| After  March, 15th | **All prices increase by 100** € | | | | | | | | | |
| **Night before/after the meeting** | | | | | | | | | | |
| Extra nights | | | Single room |  | | | | **80** € | | € |
| Double room |  | | | | **95** € | | € |
| **TOTAL:** | | | | | | | | | | € |

\* Name of person you will be sharing with

# Name of accompanying person

The payment should be made to PTBH bank account:

Name of account holder & address: Polskie Towarzystwo Badan Nad Histamina, ZG,

Sterlinga 5, 91-425 Lodz, Poland

Bank details:

Bank name& address: PKO BP S.A. I Oddział w Łodzi, ul. Al Kosciuszki 15, 90-959 Lodz, Poland

Acc numer: 37 1020 3352 0000 1302 0076 0140

IBAN: PL 37 1020 3352 0000 1302 0076 0140

SWIFT: BPKOPLPW

The sender's full name and address as well as payment details should be clearly indicated.