



42nd Annual Meeting of DPSG

REGISTRATION FORM

October 7-10, 2010
Warsaw, Poland

FAX or E-MAIL to
ORGANISING SECRETARIAT

ARRIVAL DAY _____
DEPARTURE DAY _____

DRANEL
Pelikanów 47/49
02-843 WARSAW
Fax (048) 22 8944158
www.dranel.pl
e-mail: ela.lenard@dranel.pl

PLEASE RESERVE FOR ME (Please put **X** in appropriate box to indicate your choice)

Single Room Double Room

MANDATORY INFORMATION

I'M ATTENDING THE MEETING AS

- Presenting author
 DPSG member
 Invited by (please enclose an invitation letter) _____
 Accompanying person to _____

REGISTRATION FEE

- For person in double room
(when 2 person paying)*
 For person in single room
 Accompanying person

	Prior to June 15th, 2010	June 15th - September 10th, 2010
<input type="checkbox"/> For person in double room (when 2 person paying)*	400 EUR	450 EUR
<input type="checkbox"/> For person in single room	450 EUR	500 EUR
<input type="checkbox"/> Accompanying person	400 EUR	450 EUR

*I will share the room with _____

CONTACTS DETAILS

NAME _____
STREET / N° _____ CITY / POSTAL CODE _____
TELEPHONE _____ TELEFAX _____
E-MAIL _____ COUNTRY _____

MEETING LOCATION

Holiday Inn Warsaw Józefów
Telimeny Str 1
05-420 Jozefow / Warsaw - POLAND

IMPORTANT NOTES

BOOKING DEADLINE: September 1 st, 2010

The above rates are inclusive of VAT

PAYMENT SHOULD BE DONE IN EUROS

Bank: BRE Bank S.A. Oddział Bankowosci Detalicznej Multibank
Pilsudskiego 3
90-368 Lodz, Poland

Account number: IBAN: PL 40 1140 2017 0000 4512 0083 0554 - SWIFT : BREXPLPWMUL

DRANEL MARCIN LENARD, ELŻBIETA LENARD SPÓLKA JAWNA

Pelikanow 47/49

02-843 Warszawa, Poland

IBAN: PL 40 1140 2017 0000 4512 0083 0554 - SWIFT : BREXPLPWMUL

[All bank fees due to the client. Please enclose the copy of the payment to the registration form]

CANCELLATION of a reservation must be in writing form to DRANEL

When done 30 days before arrival 50% of the total amount will be charged. After September 7th no refund will be possible.

I have hereby read the terms and conditions of the registration form and I fully agree

SIGNATURE _____ DATE _____