



2009 WSEAS International Conferences, Budapest Tech , September 2009

REGISTRATION FORM COVER LETTER: PLEASE FAX THIS LETTER TOGETHER WITH A COPY OF YOUR BANK DEPOSIT OR A COPY OF YOUR CREDIT CARD TO +30 210 7473314 OR SEND IT BY E-MAIL TO support@wseas.org (Please make sure that you type WSEAS on the subject field)

After your Deposit to the following bank account (if you want to use Credit Card see below):

BANK: PIRAEUS BANK: Account Number: 5073-026059-025, IBAN: GR47 0172 0730 0050 7302 6059 025

Responsible - Beneficiary Person: WSEAS, Branch: 2073, Zografou Branch, Address: Papagou Avenue 87, Zografou 15773, Athens, Greece, SWIFT CODE: PIRBGRAA , (The Swift Code is also called BIC and it is: PIRBGRAA)

you must send your receipt together with this page to the FAX number +30 210 7473314 Instead of FAX you

can also scan the following documents and send all of them as image files (for example .jpeg, .jpg, .gif, .pdf etc...) by email to support@wseas.org (with subject: WSEAS). The following amounts are in EUR. Don't try transferring any other currency. It will cause problems and the amount will return to you detracting the banking expenses. Please, visit the web page with the registration fees for this conference and learn about the various benefits (publication in 3 different international fora, possible journal publication, rich scientific, cultural and social program etc...)

Also, write on your deposit, the above information for the Bank and the Account below as it is (please, attention on it). In case of mistakes in the name of the Beneficiary-Responsible Person or in the number of the account or even in the name of the Bank and/or the Swift Code, you will have problems.

	MY OWN REGISTRATION	my Name (first name, last name)
MAIN REGISTRATION (WSEAS members : 500 EUR)	550 EUR	WSEAS membership ID number: (if available) 6-digit Paper Number:
Extra Pages: The main registration justifies publication of one paper up to 6 pages. For more than 6 pages, there exists an extra fee: 100 EUR/per page.		
WSEAS Membership for 2009: 100 EUR		
Additional Paper: 250 EUR for each additional paper. The additional fee of 250 EUR justifies publication of an additional paper up to 6 pages. For more than 6 pages, there exists an extra fee: 100 EUR/per page.		Number and Title of my (first) Paper:
		Numbers and Titles of additional Papers:
EXTRA copies of hard copy Proceedings (50 EUR / volume)		BANK DEPOSIT: Name of my Bank: Date of the Deposit: Identification Number of my Bank Transfer:
EXTRA copies of CD-ROM Proceedings (20 EUR / CD-ROM)		
Banquet Tickets (50 EUR for each extra banquet ticket)		CREDIT CARD USAGE Card: [] VISA, [] MASTER, [] JCB Credit Card Number:
BANKING EXPENSES (Please, add the exact amount of banking expenses (in case of bank Transaction). If your institution or company can not inform it to you, please, add 50 EUR. If you want to use Credit Card, see below)		CVV Number (CVV is the 3-digit extension in the back site of your card)
TOTAL AMOUNT (in EUR)		Expiry Date: Card Owner:

SIGNATURE

DATE

HOTEL MERCURE BUDA** / Hungary**
REGISTRATION FORM

WSEAS Conference

2nd-6th September 2009

GENERAL INFORMATION

Surname of participant: _____

First name: _____

Company name and address: _____

Telephone: _____

Fax: _____

E-mail: _____

ARRIVAL DATE: _____

DEPARTURE DATE: _____

Please tick accordingly, which room type you would like to book:

Standard single room: EUR 85,-/room/night

Standard double room: EUR 95,-/room/night

The above prices include taxes and buffet breakfast.

METHOD OF PAYMENT:

We kindly ask you to inform us about your credit card details, because we can only guarantee your reservation after 6 p.m. if we know it.

Type of Credit card: _____

Number of Credit Card: _____

Expiry date: _____

Please return this application form by fax at latest till 19.08.2009.

After this date confirmation of accommodation is subject to availability.

Cancellation deadline without penalty till 18.00 o'clock on arrival date.

If cancellation is received after this date, the first night deposit will be charged by the hotel.

Hotel Mercure Budapest Buda** / Hungary, 1013 Budapest, Krisztina krt. 41-43.**

MICE Sales Department

Fax: +36-1-488-8178

Tel: +36-1-488-8177

e-mail: h1688@accor.com

BMF - WSEAS
2-6 September 2009
Hotel ID: 175703

Housing Form

To enjoy the conference rate, please fill this form and forward to Ramada Plaza Budapest
 email: vsziva@ramadaplazabudapest.hu

PERSONAL INFORMATION

First & Family Name

Company

Address

City ZIP / Postal Code Country

Passport No.: Date of Birth:

Daytime Phone – Country Code (City / Area Code) Number

Fax Number – Country Code (City / Area Code) Number

E-mail Address

Arrival Date Departure Date

ACCOMMODATION

Superior Single room: EUR 100,- /night
 Superior Double room: EUR 115,- /night
 Executive room single supplement: +EUR 30,- per room per night
 Executive room double supplement: +EUR 30,- per room per night

The above rates include full international buffet breakfast, 18%VAT and 3% city tax. Rates are available till 21st August 2009.
 Rooms and rates outside these dates are subject to availability.

Select Type of Room Desired

- Superior single – 1 bed, 1 person
- Superior double – 1 bed, 2 persons
- Superior twin – 2 beds, 2 persons
- Executive single – 1 bed, 1 person
- Executive double – 1 bed, 2 persons
- Smoking Non Smoking

List all persons (with arrival/departure date) you will be sharing a room with:

Special requests

Info: The guest acknowledges joint and several liability for all services rendered until full settlement of the bill. Management takes no responsibility for valuables left in the guest room. Safety deposit boxes are provided without charge in the hotel bedrooms. Personal cheques are not accepted. Check-in time is from 3PM. Check-out time is 12 noon. Early check-in & late check-out upon request (subject to availability).

If there is an increase in the taxes according to the operative tax law, room rates may be higher.

DEPOSITS AND PAYMENT INFORMATIONS

I guarantee my arrival and the payment of my account with the following credit card:

Credit Card: Diners Club Master Card VISA Amex

Credit Card Number

Expiration Date

Name on the Card

Date Cardholder Signature

INFO: Please be informed, that your reservation can only be proceeded if your credit card number is added at this page or a deposit payment (for the total nights of your stay at the above mentioned room rate) is done via bank-transfer. In case of nonarrival or not arrival as reserved above, the hotel holds rights to charge you accordingly as reserved above in case the reservation was not cancelled or amended 7 days before the arrival. **Any cancellation within 7 days prior the arrival and during the stay will be charged.** Please further more be advised that your reservation will be held overnight and is guaranteed for late arrival.

Once your reservation is processed, a confirmation will be sent to you at the contact numbers provided above within 48 hours.

TRANSFER Yes No

Arrival on (day / time) _____
 Transfer from the airport (36,- Euro / Taxi) Yes No
 Flight Nr. and time (by arrival) _____

Departure on (day / time) _____
 Transfer from the hotel (30,- Euro / Taxi) Yes No
 Flight Nr. and time (by departure) _____

SUBMIT THIS FORM (one form per room)

To: Group Reservation Ramada
 Plaza Budapest
 By Fax: +36 1 436 4119
 By Phone: +36 1 436 4164
 By E-mail: vsziva@ramadaplazabudapest.hu

THANK YOU – for choosing RAMADA

*(to be filled by Ramada only)

With pleasure we confirm your reservation:

Confirmation nr.: _____

Signature: _____

Please contact the hotel if you do not have a confirmation number by return!