



Epilepsy 31 May -1 June 2010
Disorders of motor function 2-3 June 2010

Cheile Gradistei, ROMANIA

Booking Form

(Please, fill in at computer, not by hand! Please, fill in all fields!)

PERSONAL DETAILS

Title: _____ First Name: _____

Surname: _____

Position: _____

Place of Work: _____

Address for correspondence: _____

Telephone: _____ Fax: _____

Email: _____

Please write your email address very clearly so that we are able to read it. We will email information to you before the course.

Gender (important for room allocation): _____

BOOKING

I would like to attend the following:

Epilepsy course: 31 May-1 June 2010)
EPNS members €300 / Non members €400)

Reduction for attending both courses
EPNS members €500 / Non members €600

Disorders of motor function course: 2-3 June 2010)
EPNS members €300 / Non members €400)

Please book accommodation for me (1 place in double room) arriving on _____ and departing on _____ (included in registration fee)

Please book accommodation for me (single room) arriving on _____ and departing on _____

for:

3 nights – €60 additional fee

5 nights – €100 additional fee

Please arrange for transfers to / from Bucharest airport. My flight details are:

[Fundatia Romana de Neurologie si Epileptologie RONEP, tel/fax: 004 021 3347994; flore.epns@yahoo.com](mailto:flore.epns@yahoo.com)



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Arrival date: _____

Arrival time: _____

Flight number: _____

Flying from: _____

Departure date: _____

Departure time: _____

Flight number: _____

Flying from: Bucharest

SPECIAL REQUIREMENTS

Please let us know if you have any special dietary requirements (food allergies etc) or if you are a vegetarian or vegan so that we can make provision for you. For vegetarians, please specify if you eat cheese or other products from milk.

PAYMENT

Payment must be made at the time of your booking. I have paid by bank transfer to "Fundatia Romana de Neurologie si Epileptologie, RONEP"

Amount: _____

Date of transfer: _____

Reference (Surname, EPNS – course 1/course2/ courses1+2): _____

Address: Str Mr Ionescu Atanase nr43, sector 2, Bucuresti, Romania
Bank: BCR Sucursala Mihai Bravu,
Bank address: Soseaua Mihai Bravu nr 172 Bl.230, sector 2, Bucuresti Romania
IBAN: RO 44 RNCB 0084 0107 6462 0004 (for euro only)
SWIFT code: RNCBROBU

Romanian trainees have to pay euro not lei!

PLEASE SEND THIS COMPLETED FORM:

by e-mail to: flore.epns@yahoo.com

or by fax or post to:

Mrs. Florentina Grigore
Pediatric Neurology Clinic
Al Obregia Hospital
Sos Berceni 10
Sector 4, Bucharest, Romania

Tel/Fax: 004 021 3347994