HOTEL BOOKING FORM

IPIC2015 INTERNATIONAL PRIMARY IMMUNODEFICIENCIES CONGRESS

BUDAPEST, HUNGARY
5th to 6th November 2015

GENERAL INFORMATION
All reservations must be processed through the Organizing Secretariat.
For immediate reservation, book on-line at http://www.ipic2015.com
As an alternative, please fill and return this registration form to the Organizing Secretariat:
AIM Group International – Lisbon Office
Av. Liberdade, 258 – 6°
1250-149 Lisboa – Portugal
Phone:+351 21 324 5055/62–Fax:+351 21 324 5051
e-mail: ipic2015@aimgroup.eu
Faxed forms are considered originals; do NOT mail a duplicate copy.

RESERVATION
Hotel accommodation will be guaranteed to those who will send the request within October 5th 2015. After this date, rooms will not be guaranteed and can only be handled upon availability. Rooms will be assigned on a first-come first-served basis.

PAYMENT POLICY
Rates are quoted in EUROS, per room, per night, breakfast included.
Accommodation can only be guaranteed when a deposit of one night has been received by AIM Group Lisbon Office.
The balance must be paid 1 month prior to the arrival date.

CANCELLATION POLICY
Any change or cancellation of the hotel reservation must be sent in writing to the Organizing Secretariat. Refunds for cancellation will be as follows:
Until September 5th: full refund
Between September 6th until October 5th: 50% refund of total stay
From October 6th onwards or no show: 100% cancellation fee is applied. No refund.

All approved refunds will be processed and issued 60 days after the Congress.

PRIVACY LAW
In compliance with the Portuguese Law 67/98 regarding personal data protection, AIM Group International hereby informs that the information here given will solely be managed internally and used exclusively for the purpose of communication within the scope of the congress activities such as scientific and social. By filling in this form you authorize AIM Group International to use the given personal data for the above mentioned purpose. You have the right to modify or cancel the data here given. Should you wish to do so please contact the congress secretariat:
AIM PORTUGAL Lda,
Av. Liberdade, 258 – 6°
1250-149 Lisboa – Portugal

I authorize the treatment and communication of my personal data as described above.

Date _____

Signature _____

Personal Details (Please use CAPITAL letters)

Last Name/Family Name | First Name/Given Name

Address | City

Region/Province/State ☐ Home ☐ Work | Zip Code | Country

Telephone /Business | Telephone/Home | Fax Number

e-mail (Required - All Congress information will be sent via email) | Mobile

Invoice Details (mandatory)

Company/Individual Name

Address | City

Region/Province/State | Zip Code | Country

Fiscal Code | VAT Number

ACCOMMODATION

Select preferred room type: ☐ Single room ☐ Double room ☐ Twin room

Hotel	Single BB	Double BB
Budapest Marriott****	€ 150,00	€ 165,00
Mercure Budapest City Center****	€ 80,00	€ 90,00
Zenit Hotel****	€ 70,00	€ 80,00
Erzsebet City Center*** Superior	€ 55,00	€ 60,00

Special request

Accompanying Person

Last Name/Family Name | First Name/Given Name

Arrival Date (dd/mm) 2015 | Departure Date (dd/mm) 2015 | Total Nights:

PAYMENT

Please note that credit card details are mandatory even when paying by bank transfer in order to guarantee your booking. For bank transfer payments credit card will only be charged in case of penalties. Payment of full stay is required until October 5th. After October 5th only payment by credit card will be accepted.
By filling in this form you authorize AIM Portugal Lda to charge your credit card for the balance of the foreseen stay.

Credit Card ☐ VISA® ☐ MasterCard®/ EuroCard® ☐ American Express®

Credit Card Number: |__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|

Expiry Date: MONTH/YEAR |__|__|/|__|__| SECURITY CODE (CW2/CVC2*) |__|__|__|__|

*Security code: last three figures appearing on the back of the card, in the signature space

Cardholder's Name _____ Cardholder's Contacts _____

Authorized Signature _____

Bank Transfer Please transfer the payment to **AIM Portugal Lda.**

Account number: 000331773427020
Bank Name: BANCO SANTANDER
Bank Adress: Rua da Mesquita, 6 Centro Totta A7A, Lisboa
SWIFT /BIC Code: TOTAPTPL
IBAN: PT50 0018 0003317734270205 8

Note. This payment form should clearly state the names(s) of the delegate(s) and should clearly state "**IPIC2015**".
Please enclose herewith copy of bank receipt.

Date _____ Signature _____