

REGISTRATION FORM

Biannual meeting of the Association for Applied Animal Andrology
(AAAA)
12 – 13 July 2008
Budapest, Hungary

Please complete this form and fax or mail it to the Congress Secretariat:
Altagra Business Services Ltd. – H 2100 Gödöllő, Isaszegi út P.O.Box 417, Hungary
Fax: +36 28 419 647, e-mail: office@altagra.hu
The registration form can be downloaded from <http://www.animalandrology.org>

Surname: _____ First name: _____

Position: _____ Academic title (Prof., Dr., or other): _____

Company/Organisation: _____

Department: _____

Address: _____ City/town: _____

Country: _____ Postal code: _____

Telephone: _____ Telefax: _____
(Including country area code)

E-mail: _____

Invoice address (address on invoice): _____

Special dietary requirements – if any: _____

1. REGISTRATION FEE

	Registration fee	Total
Registered AAAA members	€ 80	
Student vet student, intern, resident or graduate student	€ 80	
Non AAAA members	€ 120	
Total 1		

AAAA meeting 2008 – Budapest, Hungary

2. ACCOMMODATION

	Single room price / night	Double room price / night	Nr. of nights	Total
IBIS Budapest Aero	€ 65	€ 76		
Total 2				

I wish to share the room with _____

Date of arrival _____ Date of departure _____

TOTAL AMOUNT PAYABLE

Total 1	Registration fee	€
Total 2	Accommodation	€
Grand Total		€

PAYMENT (Please, indicate the preferred mode of payment.)

Wire transfer

Banking details:

Bank account holder: Altagra Business Services
 Address of the account holder: H-2100 Gödöllő, Isaszegi út Pf. 417, Hungary
 Name of the bank: Budapest Bank Rt.
 Address of the bank: H-2100 Gödöllő, Kossuth út 13., Hungary
 Account number: HU92 – 10103836 – 37289700 – 01000302
 Swift Code: BUDAHUHB
 Payment must be remitted in Euro **FREE FROM ALL BANKCHARGES!**

Bank cheque made out to ALTAGRA Business Services Ltd. H-2100 Gödöllő, Pf. 417, Hungary

Credit card¹

VISA VISA Electron Eurocard/Mastercard American Express

Credit Card No: _____ Total amount: € _____

Name on the card: _____ Date: _____

Credit and billing address: _____ Signature: _____

Expiry date: _____ CVC code (3 or 4 digit code)²: _____

_____ Date _____ Signature _____

¹By signing this form you authorize ALTAGRA Business Services to charge the above credit card for the services ordered.

² The CVC code (VISA refers to the code as CVV) is a security feature for "card not present" transactions. This number is printed on your MasterCard & Visa cards in the signature area of the back of the card. (it is the last 3 digits AFTER the credit card number in the signature area of the card). In case of American Express credit card, CVC code is a 4 digits number.