



17th Annual EMN Congress

Grand Hotel Italia, Cluj-Napoca, Romania
April, 27-28, 2012

Registration Form

Please complete the form and send by e-mail to the Conference Secretariat before 3rd of April.
Should you have any questions, please do not hesitate to contact:

Izabella Kasza
E-mail izabelkasza@yahoo.com
Telephone +40 741 237 591

Personal information (Please type or print clearly in CAPITAL LETTERS)

*all fields marked with a star are required for registration

***Title:** Mr. Mrs. Ms. Prof. Dr. Others (Please specify : _____)

***Function at conference:**

Invited speaker Committee member Participant Student

***First(Given) name:**

***Middle name:**

***Last (Family)name:**

***Name for badge:**

Professional affiliation:

Postal address:

Postal code **City:** ***Country:**

***Tel:** (country code - area code - tel no.)

***Fax:** (country code - area code - tel no.)

***E-mail address:**



CONFERENCE REGISTRATION FEES

Senior - 100 EUR

EMN members - 80 EUR

Residents: 50 EUR

Students: free participation.

***Special dietary requirements:** (please tick your choices)

None Vegetarian No beef No pork No sea food

Other:

ACCOMMODATION

For accommodation information, please refer to the website at:

Perfect Travel

Cluj-Napoca, str.Teleorman 33A

Tel./fax: +40264 461047

E-mail: office@perfecttravel.ro

www.perfecttravel.ro

SPECIAL REQUIREMENTS

PAYMENT DETAILS

Account holder:

ASOCIAȚIA SOCIETATEA MEDICALĂ
NEUROCHIRURGIA 2005

Address: 4. Miron Costin Street, Cluj-Napoca

Account number:

BANCA TRANSILVANIA, Cluj-Napoca

Fiscal Number 18233327

RO96 BTRL 0130 4205 8938 85XX- EUR

RO50 BTRL 0130 1205 8938 85XX - RON

SWIFT CODE: BTRLRO22

Bank's address:

BT - Sucursala Cluj-Napoca

Eroilor Street nr 36

400129 Cluj-Napoca