



**20 – 22 May, 2009 Budapest**  
**Budapest Marriott Hotel**  
**Apaczai Csere Janos u. 4.**  
**Budapest, 1052 Hungary**

**CSD10 CONFERENCE REGISTRATION FORM**

**Note 1: We will highly appreciate it if you write in capital letters for better recognition!**

**Note 2: \*All marked fields above are mandatory!**

**Note 3: Please, use one form per person!**

**PERSONAL INFORMATION**

(Please type or print in capital letters, as stated will appear in badge and lists!)

<b>*Mr./Ms.</b>		Mr.		Ms.	
<b>*First Name:</b>					
<b>*Last Name:</b>					
<b>*Organization/Company:</b>					
<b>*Job Title/ Position:</b>					
<b>*Department:</b>					
<b>*Address:</b>					
<b>*City/State:</b>			<b>*Zip/Postal Code:</b>		
<b>*Country:</b>			<b>Nationality:</b>		
<b>Phone:</b>		<b>Fax:</b>			
<b>*E-mail Address:</b>					
<b>*Exceptional Food and any restriction:</b>					
<b>Spouse/Guest Name (if she/he is joining with you):</b>			<b>* Ms</b>	<b>*Mr</b>	
<b>*First name:</b>		<b>*Last name:</b>			
<b>Special assistance required, pl. specify</b>					
<b>Travel Information (if known; otherwise, please update us later)</b>					
Arrival in Budapest, Hungary					
<b>Date:</b>		<b>Time:</b>		<b>Airline:</b>	
				<b>Flight No:</b>	
Departure from Budapest, Hungary					
<b>Date:</b>		<b>Time:</b>		<b>Airline:</b>	
				<b>Flight No:</b>	
<b>Emergency Contact</b>					
<b>Name:</b>				<b>Relationship:</b>	
<b>Phone:</b>				<b>Mobile Phone:</b>	
<b>Address:</b>					
<b>*E-mail:</b>					
<b>Organizers kindly ask conference participant and accompanying person to send a photo to <a href="mailto:info@csd10.com">info@csd10.com</a> at time of the registration!</b>					
<b>Please return this form to CSD10 Fax: (+36 -1) 267 – 9815</b>					

EMAIL: [info@csd10.com](mailto:info@csd10.com)

FAX: (+36-1) 267 – 9815

Please, return this form to KELEK !



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**CSD10 CONFERENCE PAYMENT FORM**

Please, complete the form in **BLOCK LETTERS** using one form per person!

<b>REGISTRATION FEES</b>			
Mr. / Ms.			
First name:			
Last name:			
E-mail:			
Emergency email:			
<input type="checkbox"/> EUR 1,800 CSD delegate fee (Including 20% VAT)		The delegate fee includes all conference materials, panels, breakout discussions, activities, coffee breaks, lunches and social events of the conference: Open Welcome Reception (Wednesday), Gala dinner & evening programs (Thursday), Farewell Dinner & evening programs (Friday).	
<input type="checkbox"/> EUR 400 CSD delegate fee Additional fee for spouse/guest. (Including 20% VAT)		This charge covers a city and cultural tours, a shopping trip, meals and social events of the conference: Open Welcome Reception (Wednesday), Gala dinner & evening programs (Thursday), Farewell Dinner & evening programs (Friday).	
<b>FINANCIAL CONDITIONS</b> In view of the strictly not for profit character of CSD10 conference, and KELER-ECSDA official organiser of CSD10, I agree to support this conference by sharing the costs of my participation by paying a contribution of EUR 1 800 (additional EUR 400 in case of accompanying guest) - including 20 % VAT- and will pay it by bank transfer or charge of my payment card.			
<b>CANCELLATION POLICY:</b> Refunds of registration fees, less EUR 50 administrative charge, will be applied to written cancellation requests received before April 1, 2009. No refunds will be given for cancellation requests received after April 1, 2009. All refunds will be processed only after the conference closing date.			
<b>METHODS OF PAYMENT</b>		<b>IMPORTANT:</b> Please make sure to include complete payment information to assure proper processing!	
<b>1. BY BANK CARD:</b>			
<input type="checkbox"/> Charge to:		<input type="checkbox"/> VISA <input type="checkbox"/> MasterCard <input type="checkbox"/> Amex	
I hereby authorize to debit from my bank card account the total amount of Euro. Please notice registration fee will be charged in HUF so the registration fee in EUR may be different than 1800 EUR or 400 EUR depending on actual daily EUR/HUF exchange rate!			
Card Number:			
Expiry Date (Mo/Yr):			
CVC Code: (Control Number)		Only for VISA and MasterCard (last three numbers on the back of bank card)	
Cardholder's Name:			
Cardholder's Signature:			
<i>I hereby accept the conditions stated in this form.</i>			
Billing Address:			
Postal Code:		City/State:	
Country:			
<b>2. BY BANK TRANSFER</b>			
<input type="checkbox"/> Paid by wire transfer for EUR.....at Citibank Frankfurt (CITIDEFF)			
Bic code of correspondence bank: CITIGB2L			
For deposit to beneficiary Account No: 4116773002			
Name of beneficiary: KELER Ltd.			
Bic code of beneficiary: KELRHUHB			
ID message (important!): CSD10/Participant's Name			
Please, make sure that you quote both your name as well as company name when instructing your bank. In addition, we ask to attach a copy of the bank transfer document to this form to facilitate the processing of your application.			
Date:		Signature:	

E-mail: info@csd10.com

FAX: (+36-1) 267 - 9815

Please, return this form to KELER!