



REGISTRATION FORM

E-mail: peter@evacon.hu Address: Tátra utca 34. Budapest, 1136, Hungary Mobile: +36-30-513-0255			ly Bird Registration deadline: 1 May, 2025		
I am interested as a	speaker participant				
PERSONAL DATA (Please, print or type)					
-					
Gender: mr.	ale	female			
	INVOICING ADDRE	SS (if different from a	bove)		
Company name:					
VAT number:					
Accompanying person	n				
Family name:		First name:			
Company name:					
In case you sent your re If you have further que	2	•	confirmation within 7 days.		





REGISTRATION FEE (Please tick)

Acknowledgement of registration will be sent after receiving your payment.

REGISTRATION FEE	EARLY BIRD FEE until 1 May 2025	STANDARD FEE from 2 May 2025	LATE FEE after 1 September 2025
Participants	EUR 1300	EUR 1400	EUR 1500
Accompanying person	EUR 500	EUR 500	EUR 500

The registration fee for participants includes:

- Participation in the Technical Sessions
- Participation in the Welcome Reception
- Participation in the Gala Dinner
- Coffee breaks and lunches during the conference days
- Networking events: Welcome Reception, Gala Dinner
- Conference package (conference bag, lanyard, abstract book, online conference proceedings, badge)

The registration fee for accompanying persons includes:

- Participation in the Welcome Reception
- Participation in the Gala Dinner
- Coffee breaks and lunches during the conference days
- *Please note that accompanying persons do not have access to the technical sessions.

Cancellation and refund policy

- 50% refund till 31 March 2025
- No refund after 1 April 2025 but delegate substitution is permitted.
- E-mail: peter@evacon.hu

PAYMENT METHOD

Registration fees may be paid in one of the ways:

BANK TRANSFER to Evacon Ltd with indication "PPXXII and participant's name"				
K&H Bank, Csörsz utca 43., Budapest, 113	36, Hungary			
Bank account number: 10401093-50526	5756-50561023			
IBAN Code: HU83 10401093-50526756-	50561023	SWIFT Code: OKHBHUHB		
Please charge my CREDIT CARD	/ISA MASTER C	CARD AMEX		
Card number:				
Expiry date: CVV coo	de:			
Cardholder's name and address:				
l, the undersigned, certify to have read and agree the above-mention	ned conditions concerning registra	ation, payments, cancellation and refunds.		
Date:	Signature:			