PMCCS 2009 REGISTRATION FORM Eger, Hungary, 17-18 September, 2009 Please fill-in this form (use BLOCK CAPITALS) and fax it to:

Please fill-in this form (use BLOCK CAPITALS) and fax it to: Felicián Gergely Fax: +36-1-281-5907

NAME: Mr./Ms.		(Last or family Name)		(First or Given Name)		
ADDI	RESS: Office, Home					
City:		Postal code /ZIP:		Country	Country:	
Phone	:		Fax:			
E-mai	1:					
REGI	STRATION (please mark you	ur choice)*:				
	PMCCS registration (early 130€)				€	
•••	PMCCS registration (late 150€)				€	
DAVI	MENT should be made only in	Furo as following (place	o mark vour ahoid	a) **·		
	Bank transfer in Euro to	•	Budapest Bank Nyrt.			
	Bank address		-	1138 Budapest, Váci út 188.		
	Account owner		MGN-DVD Kft.			
	IBAN(International bank account number)		HU23 10103	HU23 10103104-02229300-01003301		
	SWIFT Code (Bank Identifier Code)		BUDAHUHE	ВИДАНИНВ		
worksh ** Ear	For international transfer, por Credit card (VISA, MASTEI fax to the following number ON-SITE payment will be acceptable to the following number of the fax to the following number on the fax to the following number of the fax to the following number of the fax to	R and EUROCARD): Plea : +36-1-281-5907 ccepted only in Euro with tion to all technical session to proceedings.	cash and credit ca	e next form ard (Visa, M. ce, coffee/tea	and send both of them by Iaster card-Euro Card) In breaks, lunches, cocktail an	
		CREDIT CARD PA	YMENT FOR	M		
	e of Participant:					
	Amoun	t:			EUR	
	Type of	f Credit Card:	VISA	/ MAS	TER / EUROCARD	
	Name o	of Card Holder:				
	Credit (Card Number:				
	Expirat	ion Date:				
	Cvv nu	mber:				
Signa	ture:		Date:			