

IMCoS Hungary Tour, September 5-7, 2008  
Registration and Reservation Form

**This is NOT a digital form. Please, print and fill it in ink and mail or fax to:**

**Aktiv Tours Kft., H-1125 Budapest, Virányos u. 10/A, Hungary**  
Telephone: +36-1-214-6261, Fax: +36-1-214-6260

**Person 1** - IMCoS membership No.:

LAST NAME, FIRST NAME \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_

STATE / POSTCODE/ZIP \_\_\_\_\_

COUNTRY \_\_\_\_\_

TELEPHONE \_\_\_\_\_

FAX \_\_\_\_\_

**Person 2**

LAST NAME, FIRST NAME \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_

STATE / POSTCODE/ZIP \_\_\_\_\_

COUNTRY \_\_\_\_\_

TELEPHONE \_\_\_\_\_

FAX \_\_\_\_\_

**CONTACT E-MAIL (very important!)**

Registration confirmations will be sent by e-mail, if possible. PLEASE provide an e-mail address.

**Registration Fee**

Person 1/ € 20.00: \_\_\_\_\_

Person 2/ € 20.00: \_\_\_\_\_

Total: € □□.□□

*(Cash payment when boarding.)*

## Reservation Form

Tour / DOUBLE ROOM ACCOMMODATION: € 270.00/ person

Person 1 (LAST NAME, FIRST NAME) \_\_\_\_\_

Person 2 (LAST NAME, FIRST NAME) \_\_\_\_\_

**TOTAL: € 540.00**

Tour/ SINGLE ROOM ACCOMMODATION: € 310.00/ person

Person (LAST NAME, FIRST NAME) \_\_\_\_\_

**TOTAL: € 310.00**

### Accommodation:

Period requested: from September  to September ,  overnights

Boulevard City Pension: Double room: EUR 62/night  Single room: EUR 57/ night

Room reservation requested:  double  single

in other hotel: ( Ramada\*\*\*\*,  Mercure \*\*\*,  Sissi \*\*\*,  Thomas \*\*,  
or your preferred hotel:.....)

I am interested in tourist programs:  
.....

Number of nights  x .....(room rate) = Total: € .....

### Payment

1. By bank transfer to the account (please, mention 'IMCoS Hungary Tour'):

CIB Bank  
Bank Address: 1122 Budapest, Kékgyöly u.1., Hungary  
Account holder: Aktiv Tours Kft.  
Account number: 10700440-25822405-50000005  
SWIFT Code: CIBHHUHB  
IBAN No.: HU8310700440-25822405-50000005

2. By credit card:

The Registration and Reservation Form should be mailed (or, alternatively faxed) with complete credit card information to Aktiv Tours ( +36-1-214-6260).

Charge to credit card  VISA  MASTERCARD

Expiration date:

Credit card number: \_\_\_\_\_

Name as appears on card: \_\_\_\_\_

CVC security code:

I authorize the sum of € to be charged on my card.

Signature:.....

Date:.....