"TRENDS AND MEANS OF OBTAINING COMPLEX IP PROTECTION"

12TH INTERNATIONAL CONFERENCE
SEPTEMBER 3 - 6, 2003
HOTEL HYATT REGENCY
BUDAPEST, HUNGARY

HOTEL RESERVATION FORM

Please complete in BLOCK CAPITAL LETTERS and return as soon as possible to the Conference Secretariat (address indicated below), possibly by **MAY 30, 2003.**

PERSONAL INFORMATION

Surname: Mr/Ms/Dr _____ First name: _____

Firm: _____ Position Held: _____

Mailing Address: _____

Fax: _____ Phone: _____ E-mail: _____

Name of Accompanying Person: Mr/Ms _____

HOTELS

Please reserve at **Hotel Hyatt Regency***** (Conference venue)
from July 1, 2003 **Hotel Sofitel Atrium Budapest**

☐ single room 203 EUR/night ☐ double room 248 EUR /night

☐ single room Danube view 228 EUR/night ☐ double room Danube view 273 EUR /night

Please reserve at **Hotel Taverna****

☐ single room 90 EUR /night ☐ double room 110 EUR /night

Arrival date: _____ Departure date: _____

CANCELLATION: In case of cancellation after August 31, 2003, one night will be charged.

NOTE: We have reserved a limited number of rooms at the above special rate. In order to ensure that your hotel reservation is made as required, please send back the completed form as soon as possible. The hotel prices include buffet breakfast and taxes.

PAYMENT

☐ **By Credit Card**

Card type: _____

Cardholder's name: _____

Card Number: ☐☐☐☐ ☐☐☐☐ ☐☐☐☐ ☐☐☐☐ Expiry date: ☐☐ / ☐☐

Last 3 digits on the back side of your Card: ☐☐☐

☐ **By Bank Draft**

Remittance should be sent

- to **Hotel HYATT Regency:** RAIFFEISEN BANK Ltd. (H-1054 Budapest, Akadémia u. 6.)
  Account No.: 12001008-00354507-03800003, SWIFT Code: UBRT-HUHB
  (Note: AIPPI-MIE Conference and the name of participant)
- to **Hotel TAVERNA:** CIB Bank Ltd. (H-1027 Budapest, Medve u. 4-14.)
  Account No.10700206-26061201-51100005, SWIFT Code: CIBH-HUHB
  (Note: AIPPI-MIE Conference and the name of participant)

Date: _____ Signature: _____

CONFIRMATION

Leave blank - for use by the Secretariat

AIPPI-MIE Conference Secretariat
H-1372 Budapest, P.O.B. 471, Hungary Phone: (36-1) 353-1661 Fax: (36-1) 353-1780 E-mail: mie@axelero.hu

AIPPI - MIE
BUDAPEST 2003

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REGISTRATION FORM

Please complete in BLOCK CAPITAL LETTERS and return as soon as possible to the Conference Secretariat (address indicated below), possibly by **MAY 30, 2003.**

PERSONAL INFORMATION

Surname: Mr/Ms/Dr | First name:

Firm: | Position Held:

Mailing Address:

Fax: | Phone: | E-mail:

Name of Accompanying Person: Mr/Ms

REGISTRATION FEE

- Registration fee for Participants by MAY 30, 2003: (EUR 960 +25% VAT) EUR **1200**
- Registration fee for Accompanying Persons by MAY 30, 2003: (EUR 480 +25% VAT) EUR **600**
- Surcharge for any registration after MAY 30, 2003: **10 %**

CANCELLATIONS:
90% of the registration fee will be refunded, if cancellation is received before July 1, 2003. There is a 50 % refund before July 31, 2003, and a 25 % refund before August 15, 2003. No refunds after this term.

PAYMENT

☐ **By Credit Card** (VISA or EUROCARD/MASTERCARD only)

Card type: ☐ **VISA** ☐ **EUROCARD/MASTERCARD**

Card Number: ☐☐☐☐ ☐☐☐☐ ☐☐☐☐ ☐☐☐☐ Expiry date: ☐☐ / ☐☐

Last 3 digits on the back side of your Card: ☐☐☐

I authorise you to debit my above credit card for the total amount of EUR

☐ **By Bank Draft**

Remittance should be sent
- to the Hungarian Credit Bank Ltd. (1052 Budapest, Gerlóczy u. 11.)
  Account No. 10200830-32310164 of „Magyar Iparjogvédelmi és Szerzői Jogi Egyesület"
  IBAN: HU46-1020-0830-3231-0164; SWIFT CODE: OKHB-HUHB
  (Note: AIPPI-MIE Conference and the name of participant)

Invoice is to be made out in favour of:

Date: Signature:

CONFIRMATION

Leave blank - for use by the Secretariat

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H-1372 Budapest, P.O.B. 471, Hungary Phone: (36-1) 353-1661 Fax: (36-1) 353-1780 E-mail: mie@axelero.hu