|  |  |
| --- | --- |
| Name |  |
| Surname |  |
| Institution/Organization |  |
| Title |  |
| Address |  |
| City |  |
| Country |  |
| Phone Number |  |
| E-mail address |  |

Registration type Choose an item.

The conference registration fee includes participant transfer from Riga airport to Pakruojis on 25th of June and from Pakruojis to Riga airport on 29th of June, the Opening Session, coffee breaks, social events, Conference Dinner and conference material.

Please indicate whether you prefer vegetarian meals

Please provide vegetarian food options

Please indicate whether you need a letter of acceptance Choose an item.

Please indicate whether you travel with an accompanying person Choose an item. Number\_\_\_\_\_\_\_\_

The Manor of Pakruojis is a small and cozy hotel with a very limited number of rooms. However, we would like to provide the opportunity of staying at the conference venue for as many participants as possible. For this reason we’re offering an option of shared accommodation at the Hotel at a discounted price.

Please indicate whether you would like to get a room reservation at The Manor of Pakruojis Hotel

Please make a reservation for a single-bed room for 80€/person/night, incl.breakfast

Please make a reservation for a two-bed room for 40€/Person/night, incl. breakfast (90€ for single usage);

Please make a reservation for a multi-bed (max. 4 Person) room for 20€/Person, incl. breakfast

If you have any preferences regarding a person to share accommodation with, please write below:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please indicate the duration of your stay at the conference

I will stay from 6/25/2017 to 6/29/2017 (*please insert correct dates*)

Your registration will be confirmed by e-mail from [ctct2017@leibniz-ipht.de](mailto:ctct2017@leibniz-ipht.de)

If you will need an invoice for the conference fee payment, please prodive a coresponding information:

Institution/Company Name:

Adress:

ZIP:

City:

VAT:

Country:

Phone:

Fax:

Email

Please transfer your conference fee to the following bank account:

|  |  |
| --- | --- |
| Account holder | Lithuanian Association of Medical Physics and Engineering |
| Company code | 302297667 |
| Address | P.Baublio str. 3B, LT-08406, Vilnius, Lithuania |
| Name of the bank | AB SEB bank |
| Bank code | 70440 |
| SWIFT (BIC Code): | CBVILT 2X |
| International Account Number (IBAN): | LT29 7044 0600 0781 3217 |
| REF: | NAME SURNAME + CTCT2017 |

**Payment deadlines**

|  |  |
| --- | --- |
| **Early (until 31.03.2016)** | |
| Scientist:        250 EUR | Student :       100 EUR |
| **Regular (until 05.06.2016)** | |
| Scientist:        350 EUR | Student :       150 EUR |
| **On site (cash only)** |  |
| Scientist:        450 EUR | Student :       200 EUR |

Please send the filled in form to: [ctct2017@leibniz-ipht.de](mailto:ctct2017@leibniz-ipht.de)