



ILAE - CEA



3rd East European Course of Epilepsy

Hotel Samokov, Borovets resort, Bulgaria

5-8 July 2017

Booking Form

PERSONAL DETAILS

Title	
First Name	
Surname	
Position	
Place of work	
Address for correspondence	
Telephone	
Email	

Please write (type) your address very clearly so that we are able to read and use it for correspondence. We will email information to you before the course.

PLEASE ATTACH YOUR MOST RECENT CV.

PLEASE INDICATE IF YOU WANT TO PRESENT CASE(-S) DURING THE WORKSHOP SESSION ON THE LAST DAY OF THE COURSE

Deadline

- May 5th 2017 - bursary application
- May 15th 2017 – selection of bursary recipients
- May 20th 2017 - final registration

Booking

I would like to apply for the

- | | | | | |
|---|---------------|--------------|-------------|--------------------------|
| EPILEPSY COURSE (chapter member) | to be payed : | 200 | Euro | <input type="checkbox"/> |
| EPILEPSY COURSE (non-member) | to be payed : | 250 | Euro | <input type="checkbox"/> |
| EPILEPSY COURSE (residents / students) | to be payed : | 100 | Euro | <input type="checkbox"/> |
| <u>CEA - ILAE BURSARY (20 available; 100 Euro each)</u> | to be payed : | 100 € | | <input type="checkbox"/> |

- ☐ Please book accommodation for me (1 place in double room)
arriving on and departing on (included in registration fee)
- ☐ Please book accommodation for me (single room, additional fee of 20 €/night)
arriving on..... and departing on for.....July 2017
- ☐ Please book additional nights x 35 €/night additional fee (single room)
- ☐ Gender (important for room allocation)

Costs include 3 nights' accommodation (5-7 July 2017), all meals, the registration fee and the course materials.

Please arrange transfer to / from International Airport Sofia

My flight details are:

Arrival date:..... Arrival time :.....

Flight number:..... Flying from:.....

Departure date:..... Departure time:.....

Flight number:..... Flying from.....

SPECIAL REQUIREMENTS

Please inform us about any special dietary requirements (food allergies...) or if you are a vegetarian or vegan so that we can arrange your meals. For vegetarians, please specify if you consume cheese and other milk products.

PAYMENT

Payment must be made at the time of your booking.

Please transfer the fee and any additional costs to "Bulgarian Society Against Epilepsy (BSAE)" [Дружество против Епилепсия] at:

Bank: **First Investment Bank**

Bank Address: 1408 Sofia, 4, Major Toshev Street

IBAN: **BG36FINV91501216866127**

BIC: **FINVBGSF**

BSAE address: Sofia 1431, 1 St. Georgi Sofiyski Street, Alexandrovska University Hospital, Neurology Clinic

PLEASE SEND THE COMPLETED FORM TO:

sae2017bg@gmail.com

Ms. Bilyana Zaykova
Epilepsy Surgery Center
Dpt. Neurosurgery
St. Ivan Rilski University Hospital
15, Acad. Ivan Geshov Street; 1431 Sofia, Bulgaria