



1. KONGRES OFTALMOLOGA CRNE GORE SA MEĐUNARODNIM UČEŠĆEM  
 1<sup>ST</sup> CONGRESS OF MONTENEGRIN OPHTHALMOLOGISTS WITH INTERNATIONAL PARTICIPATION  
 12. KONGRES UDRUŽENJA OFTALMOLOGA JUGOISTOČNE EVROPE  
 12<sup>TH</sup> CONGRESS OF SOUTH EAST EUROPEAN OPHTHALMOLOGICAL SOCIETY (SEEOS)

Dates: 15-18 October 2015.  
 Venue: Hotel Mediteran, Bečići, Budva, Montenegro

## REGISTRATION AND ACCOMMODATION FORM

Please fill this form in **BLOCK LETTERS** and FAX, E-MAIL, or AIRMAIL to:

ASTAKOS Travel Club, Jadranski put 16, 85310 Budva, Montenegro

Tel: +382-33-452258 Fax: +382-33-452852

e-mail: [cofd@astakos.com](mailto:cofd@astakos.com) [www.cofd.me](http://www.cofd.me)

### Participant details:

Please fill this form accurately and in **BLOCK LETTERS**. It will help us to communicate with you easier.

**First name:**

**Family name:**

**Title:**  Prof.  Dr  Mr.  Mrs.  PhD  M.D

**Mailing Address:**  Office  Home

**Institute – Company:**

**No. Street:**

**City: Country: Postal code:**

**Telephone: (country code, city code, number) Fax:**

**E-mail:**

### Congress Registration Fees

Category	Until 30.09.15.	From 01.10.15.
Full delegate	<input type="checkbox"/> 150 €	<input type="checkbox"/> 180 €
Residents and students	<input type="checkbox"/> 75 €	<input type="checkbox"/> 90 €
Accompanying person	<input type="checkbox"/> 75 €	<input type="checkbox"/> 75 €

**Registration fee includes:** Attendance to all scientific sessions, all printed materials, coffee breaks, lunch breaks, conference dinner, Certificate of attendance.

**Registration fee for accompanying person includes:** Opening ceremony, half day excursion to Cetinje and congress dinner.

### ACCOMMODATION

Hotel	Single room	Double room
<b>Mediteran ****</b>	<b>65,00 €</b>	<b>100,00 €</b>
<b>Iberostar ****</b>	<b>62,00 €</b>	<b>88,00 €</b>
<b>TN Slovenska plaza ***</b>	<b>39,00 €</b>	<b>65,00 €</b>
<b>TN Slovenska plaza ****</b>	<b>43,00 €</b>	<b>72,00 €</b>

Accommodation price is based on BB per room and per day. VAT and local tax are included.

Novi ASTAKOS D.o.o.  
 Kumanovska 2, 11000 Beograd, Serbia  
 Tel./fax: +381-(0)11-2450-253; +381-(0)11-2441-492;  
 E-mail: [officeBg@astakos.com](mailto:officeBg@astakos.com)

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 Jadranski put 16, 85310 Budva, Montenegro  
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### ACCOMMODATION FORM:

Please indicate hotel preference:

**Mediteran (congress hotel), Iberostar, TN Slovenska plaza\*\*\*\*, TN Slovenska plaza\*\*\*\*,**

Type of room required:



Single



Double \*

\* I will share my accommodation with:

Date of arrival

Date of departure

### Payment

Please indicate the amount enclosed and preferred mode of payment.

Ensure that you send your fully completed registration and accommodation form together with your payment:

**Congress Registration fee:**

€ .....

**Hotel Accommodation:** No of nights

Room price

€ .....

€ .....

**TOTAL to be paid:**

€ .....

### Option 1: Bank transfer

**IF YOU NEED OFFICIAL INVOICE CONTACT US AT [cofd@astakos.com](mailto:cofd@astakos.com)**

Correspondent bank: DEUTDEFF, Deutsche Bank AG,, Frankfurt am Main

Beneficiary's bank: MNBAMEPG, NLB Montenegrobanka AD

IBAN account No.: ME25530005010000605479

Beneficiary: ASTAKOS Travel Club, Jadranski put 16, 85310 Budva, Montenegro,

**NOTE: Free of charge for beneficiary**, bank charges are the responsibility of the payee and should be paid at source in addition to the registration and accommodation fees.

### Option 2: Credit Card

Visa

MasterCard

Name of Card holder (**please print as shown on card**)

Card Number

Expiry Date (month / year)

CCV Code\*

Signature

Date (day/month/year)

Passport Number

• Note that signing the PAYMENT FORM is **mandatory!**

I hereby authorize ASTAKOS to debit my credit card account with the total amount due and any subsequent changes (cancellation, modification fees, no-show charges) to the items booked.

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