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 **XV CONGRESS OF SERBIAN PSYCHIATRIC ASSOCIATION (SPA) AND REGIONAL**

 **CONGRESS OF EASTERN EUROPE AND BALKANS WPA CO-SPONSORED**

**“Pathways and Crossroads of Psychiatry”**

**12-15 October 2016, Belgrade, Serbia**

 **Serbian Academy of Sciences and Art (SANU)**

 REGISTRATION AND ACCOMMODATION FORM

**Family name..............................................................................................First name...............................................**

**Institute.....................................................................................................................................................................**

**Address (city, post code, country)..............................................................................................................................**

**..............................................................Phone with country code............................................................................**

**mob...............................................Email..................................................................................................................**

 **Licence No..................................Accompanying person ...........................................................................................**

 ***REGISTRATION***

|  |  |
| --- | --- |
| ***Members of Serbian Psychiatric Association \**** | ***100 € ☐***  |
| ***Non-members of SPA*** |  ***150 € ☐***  |
| ***Trainees*** |  ***75 € ☐***  |

***\*SPA members must have their 2016 membership paid, no later than 01 July 2016. Payment and membership instructions are available at SPA website.***

**Cancellation policy:**

* **Cancellations received until and including​ ​12 August, 2016 - 90% refund,**
* **For cancellations received between​ 13 August and​ 29 September, 2016- 50% refund,**
* **From 30 September, ​2016​ - No refund ​will be made​​.**

**Registration fee includes:**

* **opening ceremony, ​​ attendance to the scientific sessions and commercial exhibition, official Symposium documents, certificate, coffee breaks, light lunches, VAT is included**

***Gala dinner:* Hotel Metropol 14. Oct 2016, Friday 20.30h. Price 40 €**

☐ ***Yes, I will atend*** ☐ ***No, I will not be attending*** ☐ ***Please, vegetarian menu***

☐ ***Payment by credit card*** ☐ ***Payment in cash***

***ACCOMMODATION***  /only if you need our services/

Arrival date .................................... Departure date ................................... no of nights ...............................

**HOTEL NAME** SGL Room DBL single use Double/Twin 2 pers. Options

**MOSKVA 4\*** www.hotelmoskva.rs 89 € ☐ 109 € ☐ 109 € ☐

**ENVOY 4\*** [www.envoyhotel.rs](http://www.envoyhotel.rs) 85 € ☐ 100 € **☐**

**BELGRADE ART HOTEL/BAH/ 4\*** www.belgradearthotel.com 100 € ☐ 110 € ☐

**PARK 3+\*** www.hotelparkbeograd.rs 50 € ☐ 65 € ☐ 70 € ☐ P**ossible hostel accommodation, on request**

Prices are per night, buffet breakfast and Vat included. City tax of 1.30 € per day is NOT INCLUDED, and should

be added to the above prices. Bookings are subject to availability; therefore, we suggest that in „options “,

state 1, 2 or 3.

**Cancellation policy:**

**For cancelations made after 10. September, 2016 your credit card will be charged with cancellation fee of 40% of the total amount of your reservation. For cancellation after 1. October, 2016 you will be charged 90% of the whole amount. In the case of no show, there is no refund. Cancellations will be accepted only in written**.

**TERMS OF PAYMENT**

**Credit card:**

Card holder name and surname (as printed on card) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Credit card type (only Visa and MasterCard)\_\_\_\_\_\_\_\_\_\_\_\_\_\_The issuer bank name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ + security code, CVV2 \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Expiry date (as printed on the card)

Card owner address, tel. home \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ mobile\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Bank transfer:**

After receiving your choice of the required services you need we will send you proforma invoice with bank instruction for payment, adding bank costs of 20 €.

Dear participants, you are kindly requested to fill in ALL the information required and send it to technical organizer

 „ **TRAVEL CENTAR**“

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 e-mail: sonja@travelcentar.com; office@travelcentar.com