

We kindly ask you to indicate your intention to participate by completing this form and returning it by March 17, 2025.

Return to:

E-mail: rendezveny@karos-spa.hu

Applicant Details

Name of conference participant(s): _____

Phone number: _____ E-mail _____

- Room preference:
- I request a single room
 - I request a double room
 - I have other requests – please specify via email

Roommate(s) (if applicable): _____

Request for Proforma Invoice

Details for invoice recipient (company name, tax number, address): _____

Per person / date	March 30 (arriving one night early)	March 31	April 1	April 2 (Gala dinner)	April 3	April 4 (one-night extension)
Accommodation with Breakfast						
Lunch request						
I will attend the gala dinner						
As an exhibitor, I require a booth						
Accommodation with Half Board						