

**21st IFATCA EUROPEAN REGIONAL MEETING
22nd - 24th October 2004 - Bucharest, ROMANIA**

Website: www.ratca.ro/ifatca E-mail: registration2004@ratca.ro



REGISTRATION FORM * Please use block letters or print to complete this form

PARTICIPANT:

Family Name: _____ First Name: _____
Postal Address: _____
Tel.: _____ Fax: _____ E-mail: _____
Preferred Name on Badge: _____
Association/Organization/Company: _____

FUNCTION AT CONFERENCE:

IFATCA Officer Director Deputy Director Conference Officer
Delegate Individual Member Corporate Member Invited Adviser

Full Members of Member Associations must register as one of the above.

Observer Panel Speaker

An Observer/Speaker is a person attending conference by invitation or approval of the Executive Board.

*** REGISTRATION FEE is €100** for all the above categories. It includes Welcome Cocktail, Traditional Dinner and Farewell Party, Saturday & Sunday Lunches and Coffee Breaks.

ACCOMPANYING PERSON:

Family Name: _____ First Name: _____

*** REGISTRATION FEE is €100.** It includes full board as described above + leisure programme.

IFATCA / EUROCONTROL WORKSHOP:

CISM (Critical Incident Stress Management) in Air Traffic Control on Friday 22 October, 09:30-16:00

Please confirm participation at CISM Workshop (22 Oct) IFATCA Regional Meeting (23-24 Oct)

** There is no fee required for participating in the workshop.*

HOTEL RESERVATION:

<i>Rates per room, per night, breakfast & taxes included</i>	Single/Night	Double ⁽¹⁾ /Night	N° of Nights
Howard Johnson Grand Plaza **** (Conference Venue):	<input type="checkbox"/> €8	€9	
Minerva Hotel *** (5 minutes walking distance):	<input type="checkbox"/> €80	€100	
Caro Hotel *** (10 mins by car, transportation included):	<input type="checkbox"/> €63 ⁽²⁾	€9 ⁽²⁾	

⁽¹⁾ Sharing room with:

⁽²⁾ Friday and Saturday package at Caro Hotel: €84/single room/both nights €94/double room/both nights

METHOD OF PAYMENT:

Credit Card: Visa Master Card American Express
Card N°: _____ Expiry Date: _____ (M) _____ (Y)
Card Member (*in block letter*): _____
Card Member Signature (*same as on your card*): _____ (*on printed forms only*)

Transfer to Bank Account N°: **IBAN: RO32BRDE445SV17044354450** - BRD Banca Romana de Dezvoltare - Bucur Obor Agency - Bucharest, for Asociatia Profesionala a Controlorilor de Trafic Aerian din Romania - RATCA.
SWIFT: BRDEROBU

TRAVEL DETAILS:

Arrival Date/Time: _____ Departure Date/Time: _____
Airline/Flight N°: _____ Airline/Flight N°: _____

* Registration fee is required with hotel reservation. Non-refundable if cancellation occurs.

* Please fax this form to: **Bucharest - IFATCA 2004 (+40212083267)** or e-mail to: **registration2004@ratca.ro**