



# 10 th INTERNACIONAL SCIENTIFIC-FAMILY CONGRESS SPANISH MPS SOCIETY

## Madrid, 3rd and 4th October 2014

### REGISTRATION FORM

#### EXECUTION

The registration form must be sent signed to the Organization Secretary of 10th **Internacional Congress Spanish MPS Society 2014** by fax number: 93.430.32.63 or by email: **congresomps@gruporic.com** stating: **"10th Internacional Congress Spanish MPS Society 2014", before September 27.** For your convenience, if you prefer, you can register by phone directly to the Organization of congress: Telf. 93.410.86.46 asking to speak to Pilar García or Olivia Cuadrado, Congress Department. Schedule: Until 1st September: 9h - 15h. From 2nd September: 9h - 14h // 15h-18h.

#### PAYMENT

Bank Transfer "Banco Sabadell": ES69-0081- 0172-9600-0130-6734  
Reference: name of responsible of registration. Send a copy of the transfer receipt to the Organization Congress.  
**Member Price: those with 6 months of the day of payment MPS fee.**

CONTACT PERSON Affected Family by MPS (members) Yes  No  People attending

Name and Surname ..... D.N.I.: .....

Address .....

Town / City..... C.P./zip code.....

Telephone ..... Mobile Phone..... Fax ..... E-mail .....

#### ADULT REGISTRATION

	CONFERENCE	DINNER DAY 3	LUCH DAY 4	DINNER DAY 4	TOTAL EUROS
Name and Surname	Free	Afect. Families MPS 15€ Other attendees 26,95€	Afect. Families MPS 15€ Other attendees 26,95€	Afect. Families MPS 15€ Other attendees 26,95€	
..... DNI: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
..... DNI: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
..... DNI: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
..... DNI: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

#### CHILD REGISTRATION

	Affected MPS	Type MPS	Wheelchair	Special Food **	DINNER DAY 3	LUCH DAY 4	DINNER DAY 4	Baby sitting Service (free)	TOTAL EUROS
..... DNI: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Afect. MPS free Afect. Families (members) free	Afect. MPS free Afect. Families (members) free	Afect. MPS free Afect. Families (members) free	<input type="checkbox"/>	<input type="checkbox"/>
..... DNI: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Attendees free	Attendees free	Attendees free	<input type="checkbox"/>	<input type="checkbox"/>
..... DNI: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Cross "X" the selected option

\*\* What kind of special food require your child? (crushed, no gluten...) .....

#### HOTEL RATES

**Hotel Rafael Madrid Norte \*\*\*\*(Congress place)**

	AFFECTED FAMILIES MPS (Members)	ATTENDEES
Single Room	30 €	60,5 €
Double Room	40 €	71,5 €
Triple Room	60 €	82,5 €
Family Room (4 persons)	80 €	98,0 €

(Prices include VAT and breakfast buffet. Rates per room and day)

#### HOTEL RESERVATION

Number of guests: ..... Num. of rooms (please specify individual, double, .....)

Arrival date:..... Departure date: ..... Hotel Price: .....

Signature: ..... Date: .....

**TOTAL AMONG : (Food + Hotel)**