





REGIONAL FLAGSHIP COURSE ON EFFICIENCY, QUALITY AND HEALTH SYSTEMS

April 9-14, 2006, Budapest, Hungary

APPLICATION FORM

(Please PRINT clearly in English language)

Full Name:									
(First/given name)						(Last/family name)			
Sex: M F	Da	Date of Birth:			Citizenship:				
		Ν	lonth(mm)	Day(dd)	Year(yyyy)				
Job Title: Department:									
Name of Institut	tion:								
Mailing Address					(or)				
	(Street Name and No.)						(P.O. Box)		
City:		_ Count	ry:	Pos			stal Code:		
Office Telephone	e :				Fax No.:				
	A	В		С		А	В	С	
Home Telephone			E-mail:	E-mail:					
	А	В		С					
A - country code, I	B - are	a code, (C - number						
The language of the training is English.Please indicate your proficiency in English: basicintermediate levelhigh level									
	(must	t be fille		ENT INFO erwise appl	RMATION	ot be	accept	ed)	
<u>Course fee: 850</u>	USD	, <u>for co</u>	untry tean	<u>ns of 3 or</u>	<u>more: 700 U</u>	JSD /	partici	ipant !	
Name and billing									
Name:									
Billing address:	:								
Contact person	:								
Fax. No.: Email:									
	he title				IIP COURSE previous Flag	-	Course	e you have attended!	Ц Ц
Title:									A
Date:			Venue	:					

OPTIONAL ACCOMMODATION AND LUNCH ARRANGEMENTS BY THE ORGANIZERS

ACCOMMODATION

Please indicate, if you would like the organizers to arrange for accommodation for you at your cost.

(The hotels are close to the venue of the training and we have arranged discount prices for the participants of the course):

YES, I ask the organizers to make reservation on my behalf!

Hotel BUDAPEST **** Single room price: Euro 58/night (http://www.danubiushotels.com/budapest)

Hotel BUDAPEST **** Double room price: Euro 64/night

I will share my room with:__

Hotel FABIUS *** Single room price: Euro 45/night (http://www.fabiushotel.hu/angol.html)

Hotel FABIUS *** Double room price: Euro 61/night

I will share my room with:_____

Please note: it is your responsibility to cover the cost of the accommodation by paying the hotel directly.

Cancellation policy: notification has to be made before 1st of April to avoid cancellation fee!

NO, I will make my own arrangements for accommodation.

For your information, other hotels nearby the venue of the course:

Hotel PANDA *** (http://www.budapesthotelpanda.hu/angolfall.html)

Hunguest Aparthotel Europa ****

(http://www.hunguesthotels.hu/information.php?hotel_id=39&session_language=eng)

Please note that it is your responsibility to make your own reservation at Hotel Panda and Hotel Europa!

LUNCH during the training

Lunch is only available upon your request. On your behalf we can arrange for lunches for the 6 days of the training at a fixed menu price. Please indicate, if you would like to ask the organizers to arrange lunches for you! The cost of the lunch will be charged to you in addition to the course fee.

YES, I ask the organizers to arrange for lunches on my behalf. I understand that the cost is approximately 96 USD for the 6 days of the training. PAGE 2

MUST BE FILLED OUT BY ALL APPLICANTS!!!

TRAVEL INFORMATION

Please indicate your arrival and departure dates:

Arrival: _____ Departure: _____

OFFICIAL LETTER OF INVITATION (LOI) FOR VISA PURPOSES

Please check whether you need visa to enter Hungary, and inform us if you need any special document besides an official invitation letter from us! Please bear in mind that obtaining visa might take 4-6 weeks and we are not in the position to influence the process!

If you need an invitation letter endorsed by the Hungarian Immigration Office, an additional certification is required from your sponsor, that all your costs are covered. Therefore we ask participants in need of an endorsed LOI to send us their application no later than 17 February, 2006.

To learn more about visa requirements see the following website: http://www.kulugyminiszterium.hu/archivum/Kulugyminiszterium/EN/StartPage.htm

Indicate here if you need an official invitation letter from us:

Passport No.:

Please note, that once you received the invitation letter from us, it will be your responsibility to obtain a visa at your nearest Hungarian Embassy or Consulate.

I certify that I shall be available for the full period of the training activity.

Signature:

Date:

Deadline for application: February 24, 2006

You should receive information regarding your acceptance after the deadline of application, no later than March 10, 2006. If you do not, please contact us!

Please send or fax this form to: (you can send the completed application form by clicking on to the email address below)

> Tamás Horváth, MD EMK, Semmelweis University 1539 Budapest POBox. 610. Hungary

Fax: (36-1) 488-7610 **Tel**: (36-1) 488-7634, or (36-1) 488-7600 E-mail: horvathtamas@emk.sote.hu + SEND 3 Ш