

Travel:

Arrival: Day..... Time.....

Departure: Day..... Time

Transport means:

Meals: I have a special diet: Yes No

(If yes, please specify:.....)

Insurance:

I have a health insurance to cover medical treatment in Hungary if needed:

Yes No

Visa:

I need a visa to enter Hungary: Yes No

(If yes, please fill in the three lines hereunder)

Passport N° issued at:

Valid until:

Date and place of birth:

Finances: In order to participate in the Consultation, I will need **financial assistance** :

Yes No

In case YES, please add further details. We encourage all those requesting financial assistance to consider sharing the costs and to participate at least with a minimum contribution.

I request financial assistance:

a) for my travel expenses: Yes No

Total travel costs of €

Requested assistance €

b) for board and lodging: Yes No

!! NB: If you require financial assistance, please contact us before making travel reservations

Signature:

Date:

Please return at latest by 15 June 2010

Fax: +32 (2) 231.14.13, e-mail: lhs@cec-kek.be.