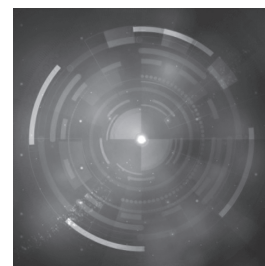




**October 14–15, 2022
Leipzig**



Return to:

akd congress & events, Kristin Dönitz
Waldstraße 57
04105 Leipzig, Germany

Phone: +49 (341) 26 82 76-35

Fax: +49 (341) 26 82 76-36

E-Mail: info@akd-congress.de

13th Interventional MRI Symposium

The Westin Leipzig

Registration / Hotel Reservation

You can also register online:

www.imri2020.org

Please place order by July 31, 2022

Registration

(Please print or type)

Family name	First name
Institution/Hospital	Department
Street and Number	ZIP Code
City (State)	Country
Phone	Fax
E-Mail	

Title (please tick)

☐ Prof. ☐ M. D. ☐ Ph. D. ☐ Dr. ☐ Mrs. ☐ Mr.

Registration Fee

(includes lunch and coffee breaks)

- ☐ Physicians and Scientists
☐ Residents*, Fellows*, Medical Technologists*
☐ Students*

*proper validation document required

Payment

Regular (by September 15, 2022)	On-site (after September 15, 2022)
€ 300,–	€ 350,–
€ 250,–	€ 300,–
€ 150,–	€ 200,–

One Day Ticket (50 % of the fees listed above, includes lunch and coffee breaks)

☐ Friday, October 14, 2022 ☐ Saturday, October 15, 2022

Social Event (Gondwanaland at Zoo Leipzig)

☐ Friday evening, October 14, 2022, € 60,–

I hereby accept the relevant terms and conditions as stated in the program brochure.

Date

Signature

Please turn over

Please complete this form and return it by July 31, 2022

Hotel Reservation

(Please print or type)

Hotel	Arrival	Departure	Number of rooms	Rates
The Westin Leipzig Congress Center (CC)				Single Room € 145,-
				Double Room € 165,-
InterCityHotel Leipzig 2 minute walk to CC				Single Room € 99,-
				Double Room € 119,-
ibis Hotel Leipzig City 6 minute walk to CC				Single Room € 99,-
				Double Room € 114,-
H2 Hotel Leipzig City 8 minute walk to CC				Single Room € 79,-
				Double Room € 89,-
Seaside Park Hotel Leipzig 8 minute walk to CC				Single Room € 99,-
				Double Room € 119,-

Rates per night and room incl. breakfast, service charge and VAT, add. city tax € 3,- per person and night.

*Guide price, subject to changes.

If you book more than one room, please fill in the name(s) of the additional guest(s):

Family name	First name

Special Request

Smoking / Non-smoking room:

Late Check-in (arrival time):

Others:

Payment information

<input type="checkbox"/> Visa	<input type="checkbox"/> Eurocard / MasterCard	<input type="checkbox"/> American Express																							
Card no.:	<table><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>																			Valid until:	<table><tr><td></td><td></td><td></td><td></td></tr></table>				

Name of card holder

Signature of card holder

Personal data protection: I acknowledge the storage of my personal data.

Payment should be arranged with this form. Confirmation by akd congress & events on receipt of full payment. I hereby accept the relevant terms and conditions as stated in the program brochure.

Date

Signature

Please turn over