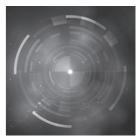
October 15–16, 2021 Leipzig



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:

imri2020.org

Please place order by July 31, 2021

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)	Payme	ent				
Discription and Grigotists	_	(by September 15, 2021)	On-site (after Se	eptember 15, 202		
Physicians and Scientists Pasidanta* Fallous* Madical Tacha algorita*	€ 300,-		€ 350,-			
Residents*, Fellows*, Medical Technologists* Students*	€ 250,- € 150,-		€ 300,- € 200,-			
*proper validation document required	C 150,		C 200,			
One Day Ticket (50 % of the fees listed abo	ove. includes l	lunch and coffee breaks)				
Friday, October 15, 2021		day, October 16, 2021				
Social Event (Gondwanaland at Zoo Leipzig)						
Friday evening, October 15, 2021, € 60, –						

Date Signature

Please turn over

Please complete this form and return it by July 31, 2021

Hotel Reservation (Please print or type)

Hotel	Arrival	Dej	oarture	Number of rooms	Rates	
The Westin Leipzig					Single Room € 145,-	
Congress Center (CC)					Double Roor € 165,-	
InterCityHotel Leipzig 2 minute walk to CC					Single Room € 99,-	
					Double Roon € 119,-	
October 14-15, 2021 ibis Hotel					Single Room € 82,-	
Leipzig City 5 minute walk to CC					Double Room € 110,-	
October 15-16, 2021 bis Hotel					Single Room € 103,-	
Leipzig City 6 minute walk to CC					Double Roon € 125,-	
lates per night and room incl. breakfast	, service charge and VAT,	add. city tax € 3,– per p	erson and night.	*Guide	price, subject to change	
lf you book more tl	han one roon	n, please fil	l in the nam	e(s) of the addition	nal guest(s):	
amily name			First name			
Special Request						
Smoking / Non-smoking room:						
ate Check-in (arrival time):						
Others:						
Payment informati	on					
· ayıncıncını						
Visa		Eurocard /	MasterCard		American Express	
Card no.:				Valid until:		
Name of card	Name of card holder			Signature of card holder		
Personal data protection: my personal data.	: I acknowledge the	storage of	by akd congre	ald be arranged with this form. ess & events on receipt of full part the relevant terms and conding the procedure.	yment.	

in the program brochure.

Date **Signature**