

# Individual registration form to the International Seminar on Medical Malpractice

Málaga, 1 April, 2011

Please use CAPITAL LETTERS to complete one form per attendee and mail it to:  
Colegio de Abogados de Málaga  
Paseo de la Farola, 13 – 29016 Málaga  
Phone no.: **+34 951 017 916 - +34 951 017 926 - +34 951 017 914**  
Fax no.: **+34 952 603 313**  
Email: [seminariointernacionalrcm@icamalaga.es](mailto:seminariointernacionalrcm@icamalaga.es)  
Application deadline: 25 th March 2011 or when full capacity is reached

## ATTENDEE

Please bear in mind that the address you provide shall be used on our Data bases, as well as on the list of the Seminar attendees, if you do not show your opposition.

Family name: .....

First name: .....

Law firm/Organisation: .....

Occupation: .....

Address: .....

Postal Code ..... Town/City: .....

Country: ..... E-mail: .....

Tel.:+ ..... Fax:+ .....

## COMPANION

Please remind companions cannot take part in the Seminar

Companion's Family name/ First name:

.....  
.....

### A. ATTENDEE APPLICATION

PLEASE TICK AS APPROPRIATE:

- Member of the Malaga Bar Association
- Bar Association: .....
- University: .....
- Other: .....

**INDIVIDUAL REGISTRATION FEES**..... 100 €

Registration fees include:

- Attendance at scientific program
- Coffee Break
- Lunch
- Documentation of the Meeting
- Simultaneous translation English / Spanish

\* The program may be subject to last minute changes.

### B. SOCIAL PROGRAMME (Not include in the registration fees)

	Fee
<input type="checkbox"/> Closing Dinner 1 April:	60 €

### C. TOTAL PAYABLE

<b>TOTAL A (Registration Fees)</b>	<b>100 €</b>
<b>TOTAL B (Optional Social Programme)</b>	<b>60 €</b>
<b>TOTAL A (+ B in case)</b>	<b>... €</b>

Please remind that applications shall only be considered on payment of the Meeting fees so you need to provide us with proof of payment thereof

#### D. METHOD OF PAYMENT

All fees are in Euros and can be paid by:

- Bank transfer** in euros without charges to payee, payable to the “Ilustre Colegio de Abogados de Málaga”. Please do not forget to detail your name and your law firm as well as to quote:  
International Meeting of Lawyers Spanish and British.

Banco Sabadell  
C/ Hilera, 2  
29007 Málaga, SPAIN

Account 

0081	0240	17	0001534464
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Swift: BSABESBB  
IBAN: ES05 0081 0240 1700 0153 4464

**Please attach proof of payment to your enrolment form and bring a copy with you when checking in for the Meeting.**

**We shall acknowledge your application via email. Please contact the Malaga Bar Association at [seminariointernacionalrcm@icamalaga.es](mailto:seminariointernacionalrcm@icamalaga.es) in case you do not receive such confirmation.**

#### E. CANCELLATION CONDITIONS

In case of cancellation received at the Málaga Bar Association before 28 March, 100% of payment will be refunded. No refund thereafter.



# TRAVEL booking form EUROAMÉRICA for Social Program International Seminar on Medical Malpractice Málaga, 1 April, 2011

Please complete in CAPITALS one form for each congressman and return it to:

Maribel Moreno Castillo  
 TRAVEL EUROAMÉRICA  
 Avda Carlota Alessandri, 110  
 29620 TORREMOLINOS-MALAGA-SPAIN  
 Tel: +34 952 058 366 - Fax: +34 952 058 455  
 Email: [maribel@euroamerica-viajes.com](mailto:maribel@euroamerica-viajes.com)  
 Web: [www.euroamerica-viajes.com](http://www.euroamerica-viajes.com)  
 Registration until 1 st March or full capacity

Surname:.....

Name:.....

Firm / Organization:.....

Profession: .....

Address: .....

C.P. City:.....

Country: .....

E-mail: .....

Tel: + Fax: .....

Accompanying person (s). Name and Surname:.....

.....

## B. ACCOMMODATION

We kindly ask you to complete the table according to the hotel in which you want to stay during your stay.

Confirmation subject to availability at the time of booking. Cancellations will be acceptable and must be made 48 hours before arrival will carry a penalty of 1 night's stay.

Given the limited number of rooms and the fact that preferential rates cannot be guaranteed beyond the number of rooms reserved for the seminar, we suggest to make the reservations as soon as possible. Early registration in order to secure your room at the chosen hotel.

Date of arrival \_\_/\_\_/\_\_

Check out date: \_\_/\_\_/\_\_

HOTEL CATEGORY	Room Type	Price per night per room (IVA inclu.)	Number of night/s	Number of room/s	TOTAL Euros
(*) Hotel Tryp Alameda **** www.trypalameda.com	Standard single room with breakfast buffet	69,60 €			
	Standard room with buffet breakfast	73,50 €			
(*) Hotel Monte Málaga **** www.hotelesmonte.com	Standard single room with breakfast buffet	74,75 €			
	Standard room with buffet breakfast	80,50 €			
(*) Hotel NH Málaga**** www.nh-hoteles.com	Standard single room with breakfast buffet	90,75 €			
	Standard room with buffet breakfast	100,95 €			
(*) Hotel Maestranza**** www.mshoteles.com	Standard single room with breakfast buffet	113,90 €			
	Standard room with buffet breakfast	118,00 €			
(*) Hotel Málaga Palacio**** www.ac-hotels.com	Standard single room with breakfast buffet	243,85 €			
	Standard room with buffet breakfast	260,85,00 €			
<b>ACCOMMODATION TOTAL (EUR)*</b>					.....€

(\*) Reservations subject to availability

Transfer of arrival or departure standard car with driver Maximum 3 pax per car Transfer price	29,25 €			
<b>TOTAL TRANSFERS (in Euros) *</b>				.....€

\*Payment can be made with Visa or Master Card (do not forget name and card expiration).

## B. ACTIVITIES FOR ACCOMPANYING \*

Closing dinner April 1.

\* The program may be subject to last minute changes.

ACTIVITIES	Price per pax in Euros	Amount	TOTAL
Closing Dinner	60 €		
<b>TOTAL ACTIVITIES FOR ACCOMPANYING (in Euros)</b>			.....€

**C. PAYMENT METHOD**

The registration fee at the conference, the grand total, to be paid in Euros:

By credit card (only VISA or MASTERCARD we do not accept other credit cards)

VISA     MASTERCARD

Card No.

Holder: .....

Expiry Date      
M M A A

I authorize TRAVEL EUROAMERICA to debit me above mentioned credit card in the amount of: ..... €

Date:..... Sign: .....

(I accept general conditions and cancellation)  
(SIGNATURE REQUIRED FOR PAYMENT TO PROCEED)

**D. FORMALITIES. Registration Procedure**

**ENROLLMENT**

After receiving your reservation, TRAVEL EUROAMÉRICA will send you an invoice / confirmation with a booking number.

Bookings will be treated in chronological order of receipt and will be validated upon receipt of payment in full.

**PAYMENT**

IMPORTANT: We ask you to send us by e-mail a copy of the invoice / confirmation signed and credit card payment (VISA or MASTER CARD).

Reservations must reach TRAVEL EUROAMÉRICA before 1 March 2010.

**ENTRIES IN THE LAST MINUTE**

No reservation will be confirmed without immediate payment of the full amount of the bill and no payment will be accepted on-site accommodation in Málaga.