

International Study Group for the History of the Fire Service and Fire Protection in the CTIF



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REGISTRATION

send the document per E-Mail up to **24**th **April 2020** to: anmeldung@ctif-history.com & Gerda.Takacs@katved.gov.hu

28th International Conference

"The fire department in cooperation with other relief and rescue organizations" from 7th to 9th of October 2020 in Balatonföldvár, Hungary

I will attend the conference:	Yes	No			
(If you cannot attend, we ask for a blank message without further information. – Please note that you may order conference volumes and CDs at the end of this form!)					
Name:	First name	2:	Title:		
Date of birth:	Fire depar	tment degree:			
Address:					
Telephone:					
E-Mail:					
Occupation:					
Fire department, museum, institution:					
Function in the fire department:					
Task in the fire history:					



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I will come alone and ask for a reservation in a single room (limited number of rooms, allotment in order of date of reservation)

order	of date of reservation)		
I will o	come alone and ask for a reservation in a double	room to	ogether with comrade:
	come with my partner and ask for a reservation of and first name of the partner:	of a dou	ble room.
Partne	er program on Thursday:	Yes	No
Excur	sion on Friday:	Yes	No
Meal	(vegetarian, Allergens,)		
Arriva	l date:		
Depar	ture date:		
C T	come by Car Frain – railway station Airplane – airport Budapest- Liszt Ferenc (BUD)		
	lease organize a transfer from the airport or the ndicate exact arrival time and train number/flig		
	as an author, I agree with the publication of the onference volume and on disk.	text and	d images and their release in the
I	agree with the conditions of announcement.		
(Atter	r additional conference volumes and CDs 2020: ntion: one conference volume and one CD is auto onference cost)	omatical	ly reserved for you and contained in
Р	iece conference volume at € 60.00		
Р	riece CD at € 5.00		
	I will not attend the conference, the conference d paid by:	volume	s and CDs ordered shall be handed out
Name	:		
If a se	parate invoice is needed, please indicate recipie	nt and a	ddress:
Date:		Signa	ature or E-Mail