

The 10th SCIENTIFIC CONFERENCE EPIMILITARIS 2025
Epidemiology and CBRNE Security
APRIL 7-9, 2025. Hotel „Zamek Ryn”.



MAZURSKIE CENTRUM KONGRESOWO- WYPOCZYNKOWE "ZAMEK RYN" SP. Z O.O.

PLAC WOLNOŚCI 2

11-520 RYN

Date: 7-9.04.2025

TEL. (DZIAŁ RECEPCJI): +48 87 429 7000

E-mail: epimilitaris2025@zamekryn.pl

HOTEL EVENT COORDINATOR:

Barbara Bierniukiewicz- Dzienisiewicz , TEL. +48 87 429 70 35

CONFERENCE PARTICIPATION FORM AND INFORMATION ABOUT STAY

Name and surname participant :	Invoice data:
Address:	Name of the payer:
Phone number (land and mobile):	Address:
E-mail:	Tax identification number:

Hotel night: 16.00-12.00

Please make a guaranteed reservation of rooms in accordance with the following order and prices (please choose one of the following options and mark with "X"):

Single room(1 110PLN/- gross value /- 8 % Vat/- 3 nights) from 6-9.04.2025 r.	
Single room (740 PLN/- gross value /- 8 % Vat/- 2 nights) from 7-9.04.2025 r.	
Double room (occupied by two people) The price applies to a place in a double room (825 PLN/- gross value /- 8 % Vat/- 3 nights) from 6-9.04.2025	
Double room (occupied by two people) The price applies to a place in a double room (550 PLN/- gross value /- 8 % Vat/- 2 nights) from 7-9.04.2025	
Double room for single use (occupied by one person (1 470 PLN/- gross value /- 8 % Vat/- 3 nights) from 6- 9.04.2025	
Double room for single use (occupied by one person (980 PLN/- gross value /- 8 % Vat/- 2 nights) from 7-9.04.2025	

TITLE OF THE INVOICE "ACCOMMODATION SERVICE"

* TYPE OF ROOM DECIDED BY THE ORDER OF APPLICATION

*PAYMENTS IN ADVANCE TO THE FOLLOWING BANK ACCOUNT NUMBER IN 7 DAYS AFTER SENDING PRESENT CONFERENCE PARTICIPATION FORM

Santander Bank Polska S.A., Al. Jana Pawła II 17, 00-854 Warszawa.

Nr konta: 08 1910 1048 2209 0008 1645 0001

PROPERLY FILLED IN FORM SENT ON EMAIL:

epimilitaris2025@zamekryn.pl

AND 100% PAYMENT GUARANTEES THE PARTICIPATION IN THE EVENT

I declare that I undertake to cover the cost of accommodation (in accordance with the above reservation) in the event that the reservation is not canceled until **07/03/2025**.

In addition, I declare that I cover the costs also in the event of a no show.

I have read the information about the protection of my personal data. I understand that they will be used only for the purpose of providing hotel services and invoicing.

SIGNATURE OF THE PARTICIPANT: