**REQUEST FOR INVOICE**

**Third ELTE Workshop for Arts Education – EWAE, 2019**

**20-21/06/2019 H-1097 Budapest, Ecseri út 3.**

The Conference fee (please underscore the invoice entry):

|  |  |  |
| --- | --- | --- |
| **Category** | **Deposit deadline:**  | **Amount** |
| Early Bird RegistrationEarly Bird for Students | **10/05/2019** | **60 Euros****30 Euros** |
| RegistrationRegistration for university students | **06/06/2019**  | **90 Euros****45 Euros** |

Please submit the completed request for invoice to the following e-mail address: mpk2019@barczi.elte.hu

Topic of e-mail: EWAE Conference\_Registration\_Request\_for\_Invoice

|  |  |  |
| --- | --- | --- |
| PARTICIPANT  | Name: |   |
| PARTNER | Name: |   |
| Title: |    |
| Bank account number: |   |
| E-mail: |   |

**The invoice will be issued to all participants, so even if you do not wish to record your participation fee, please fill out the information below.**

**Where reference is made at the transfer, the recipient is the Gyógypedagógia Fejlesztéséért Alapítvány (Foundation for Special Needs Education), bank account number:**

IBAN number: **HU24 10400212-49505152-48511031**

SWIFT CODE: **OKHBHUHB**

**Announcement: Conference EWAE 2019/XY participant(s) name**

**The original invoice for the Conference will be given to the participants in person.**

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| --- | --- |
| The Conference fee: | **Euros** |