

EDDP 2010

International Conference on Early Disease Detection and Prevention

February 25-28, 2010, Munich, Germany

International Conference on Early Disease Detection and Prevention



Registration Form - IHS

(One form per active participant).
www.paragon-conventions.com/EDDP2010

Mr. Mrs. Prof. Dr.

Please return before Dec. 31st, 2009 to: Fax: +41 (0)22-5802-953

Family Name (please underline) / First Name, Initials

Hospital Institute Company University

Department

Street, No

P.O. Box

Postal Code / Zip Code

City

Country

State / County (where applicable)

E-mail

Telephone work

Telephone Residence

Fax

EDDP 2010

c/o Paragon Conventions

18 Avenue Louis-Casai

1209 Geneva

Switzerland

Tel: +41 (0)22-5330-948

Fax: +41 (0)22-5802-953

registration@paragon-conventions.com

The Conference participants' mailing list may be forwarded to other companies. If you do not wish your mailing details to be used then please mark below:

I do not wish my mailing details to be used for the purpose mentioned above.

Registration Fees	* Until December 31 st 2009	Nov 10 th - January 1 st , 2010	January 2 nd - February 11 th , 2010 and on site	
Participant (Please select a category below)	€ 380	€ 470	€ 550	
<input type="checkbox"/> Physician <input type="checkbox"/> Scientist <input type="checkbox"/> Researcher <input type="checkbox"/> Health Care Professional <input type="checkbox"/> Member of Life Science Industry <input type="checkbox"/> Other (Please Specify)				
Student (Please select a category below)	€ 150	€ 170	€ 190	
<input type="checkbox"/> MSc/PHD <input type="checkbox"/> Resident <input type="checkbox"/> Fellow				
In order to qualify for the student rate, a letter of confirmation from the relevant institution will need to accompany this booking form.				
				Total Fees € <u> </u>

Fees for conference participant include: Conference badge and bag, participation in all scientific sessions and entrance to the exhibition, printed material, and coffee breaks.

For special rates (groups, societies): Please contact the conference secretariat.

The total amount will be paid as follows:

Credit Card: Visa MasterCard American Express Diners

No _____ Date of expiration _____

CVV2 Code _____

Bank transfer: EDDP 2010 Account no: 459284.71E, Bank: UBS Geneva, IBAN: CH270024024045928471E, Swift: UBSWCHZH12A

Bank charges are the responsibility of the payee and should be paid at source in addition to the registration fees. Please forward a copy of the bank transfer by fax/email.

The charge will be made in US Dollars according to the currency on the day of the transaction.

Cancellation Policy

Refund of registration fees will be made as follows: Up to 90 days prior to arrival-full refund less bank charges; up to 45 days prior to arrival-cancellation charge of €50; less than 45 days prior to arrival-no refund

Comments: _____

Date: _____

Signature: _____