

# REGISTRATION FORM

**IFCC / EQALM Meeting - Amsterdam, June 7th and 8th 2007**

Mr     Mrs     Ms    Title: \_\_\_\_\_

Family Name \_\_\_\_\_ Given name \_\_\_\_\_

Institution \_\_\_\_\_

Department \_\_\_\_\_

Institution address \_\_\_\_\_

City \_\_\_\_\_ Zip or Postal code \_\_\_\_\_ Country \_\_\_\_\_

Business Phone \_\_\_\_\_ Fax \_\_\_\_\_

Home address \_\_\_\_\_

City \_\_\_\_\_ Zip or Postal code \_\_\_\_\_ Country \_\_\_\_\_

Private phone or Mobile \_\_\_\_\_

E-mail (block letters) \_\_\_\_\_

## WORKING GROUPS:

I would like to attend the following working groups (*please tick the one/s you are interested in*)

- WG Haematology, blood smears
- WG Haematology, cell counting
- WG Haemostasis
- WG Microbiology
- WG Nomenclature for analytical methods
- WG Virtual Microscopy

For more information about the working groups see [www.eqalm.org](http://www.eqalm.org)

## REGISTRATION FEE:

**Euro 180,00** (*meeting attendance and social dinner*)

- I will attend the social dinner (*included in the registration fee*)
- I will attend the social dinner with 1 accompanying person for whom I will pay € 60,00

**REMITTANCE:** Registration fee shall be paid **within May 18th, 2007:**

Total to be paid     € 180     € 240

by bank transfer to:

**EQALM**

UBS Genève 2 - Florissant    CH - 1211 Genève 12

Account: 240-699974.70F

IBAN: CH16 0024 0240 699 974 70 F    Swift code: UBS WCHZH80A

**IMPORTANT:** please make sure to indicate the **name of the delegate** on the transfer order

>>> Registrations sent without the payment will not be accepted <<<

## DETAILS FOR RECEIPT (*if different from personal data*)

Receipt addressed to:

Address \_\_\_\_\_ Zip or Postal code \_\_\_\_\_

City \_\_\_\_\_ State & Province: \_\_\_\_\_

## PRIVACY

I authorise to handle my personal data for the services connected to this form. Labquality declares that these data won't be given to anyone who is not strictly connected to the pursuit of the aim of this form. **IMPORTANT:** if this authorisation is denied, it won't be possible to proceed with the registration to the event.

Date \_\_\_\_\_ Signature \_\_\_\_\_

**REGISTRATION FORM MUST BE SENT WITHIN MAY 18th, 2007 TO**

**Labquality - Minna Loikkanen** - Ratamestarinkatu 11, FI - 00520 Helsinki, Finland  
tel. +358 9 8566 8237 - fax. +358 9 8566 8280 - e-mail [minna.loikkanen@labquality.fi](mailto:minna.loikkanen@labquality.fi)