

REGISTRATION FORM

EUROMEDLAB Amsterdam 2007 - 3/7 June 2007 - Amsterdam RAI Conference Centre

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)		
Preferred mailing address: <input type="checkbox"/> Institution <input type="checkbox"/> Home (mark one)			

ACCOMPANYING PERSON(S)

Family name	Given name
Family name	Given name
Family name	Given name
I will attend the tour on <input type="checkbox"/> 4 June (N°___) <input type="checkbox"/> 5 June (N°___)	

REGISTRATION FEES (see page xxx of programme) - all amounts in Euro

	BEFORE 15 March 2007	AFTER 15 March 2007
FULL REGISTRATION	<input type="checkbox"/> 480,00	<input type="checkbox"/> 690,00
ACCOMPANYING PERSON	<input type="checkbox"/> 200,00	<input type="checkbox"/> 200,00

Daily fees

		BEFORE 15 March 2007	AFTER 15 March 2007
DAY REGISTRATION	<input type="checkbox"/> Monday	<input type="checkbox"/> 160,00	<input type="checkbox"/> 230,00
	<input type="checkbox"/> Tuesday		
	<input type="checkbox"/> Wednesday		
REGISTRATION ON THURSDAY		<input type="checkbox"/> 100,00	<input type="checkbox"/> 170,00

SOCIAL EVENTS (included in the registration fee)

	OPENING CEREMONY AND GET-TOGETHER PARTY Sunday 3 June 2007	CONCERT Monday 4 June 2007	For further information on the social events included in the registration fee please see page 19.
DELEGATE (FULL or DAY registration)	YES - NO <input type="checkbox"/> <input type="checkbox"/>	YES - NO <input type="checkbox"/> <input type="checkbox"/>	
ACCOMPANYING PERSON	YES - NO <input type="checkbox"/> <input type="checkbox"/>	YES - NO <input type="checkbox"/> <input type="checkbox"/>	IMPORTANT NOTICE It is necessary that all delegates indicate whether they will take part to social events or not.

CONGRESS PARTY

(not included in the registration fee - for full registered participants and accompanying persons only)

Family name	Given name
Family name	Given name
Family name	Given name
E-mail address:	
Congress Party fee: Euro 40,00 p.p. - N° of tickets	Total Euro _____,00

REMITTANCE

Registration fee and Congress Party shall be paid:

by bank transfer to: IFCC - Reference: EUROMEDLAB Amsterdam 2007
Dresdner Bank (Switzerland) Ltd.
2, Place du Rhone - Case Postale 5525 - CH-1211 Geneva 11
Account n° 8.401688.0071 - IBAN: CH42 0873 6084 0168 8007 1
SWIFT CODE: DRESCHZZ

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

DETAILS FOR RECEIPT

(if different from personal datas)

Invoice addressed to:

Address _____ Zip or Postal code _____

City _____ State & Province: _____

VAT number: _____

The receipt must be sent to (if to a different address than the one indicated above)

Address _____ Zip or Postal code _____

City _____ State & Province: _____

PRIVACY

I authorise to handle my personal data for the services connected to this form. MZ Congressi 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 _____

I authorise to handle my personal data for marketing purposes (mailing of information material on congresses and events organised by MZ Congressi) MZ Congressi declares that these data won't be given to anyone who is not strictly connected to the pursuit of the aim of this form.

Date _____ Signature _____

REGISTRATION FORM AND PAYMENT MUST BE SENT TO

MZ Congressi

Via Carlo Farini 81 - 20159 Milano (Italy)

Tel: +39 02 66802323 - Fax: +39 02 6686699

registrations@ams2007.org