

REGISTRATION FORM

XII ICPLM Congress - Berlin 2011 - 13 - 15 May 2011

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) _____

ACCOMPANYING PERSON(S)

Family name _____ Given name _____

Family name _____ Given name _____

Family name _____ Given name _____

REGISTRATION FEES

	within March, 30 th	after March 31 st	ON SITE
FULL	<input type="checkbox"/> €250	<input type="checkbox"/> €350	<input type="checkbox"/> €400
YOUNG SCIENTIST*	<input type="checkbox"/> €100	<input type="checkbox"/> €150	<input type="checkbox"/> €200
ACCOMPANYING PERSON	<input type="checkbox"/> €100	<input type="checkbox"/> €100	<input type="checkbox"/> €100
DAY REGISTRATION (fee per day)	<input type="checkbox"/> €80	<input type="checkbox"/> €120	<input type="checkbox"/> €150
<input type="checkbox"/> Friday 13 th <input type="checkbox"/> Saturday 14 th <input type="checkbox"/> Sunday 15 th			

*YOUNG SCIENTIST: MD or PhD students, and 1st to 3rd year Residents

SOCIAL EVENTS

	Opening Ceremony & Welcome Reception Friday 13 th May 2011		Congress Party Saturday 14 th May 2011 30€	
DELEGATE (full registration)	yes <input type="checkbox"/>	no <input type="checkbox"/>	yes <input type="checkbox"/>	no <input type="checkbox"/>
ACCOMPANYING PERSON	yes <input type="checkbox"/>	no <input type="checkbox"/>	yes <input type="checkbox"/>	no <input type="checkbox"/>

IMPORTANT NOTICE: It is necessary that all delegates indicate whether they will take part to social events or not.

SEE BACK 

www.icplm2011.org

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CONGRESS DINNER

(not included in the registration fee)

Family name	Given name	
Family name	Given name	
Family name	Given name	
E-mail address		
Social Evening fee: €30 p.p.	N° of tickets:	Total: €

REMITTANCE

Registration fees and Congress Dinner shall be paid:

by **BANK TRANSFER** to: IFCC - International Federation of CLinical Chemistry
Credit Suisse
11-19 Rue de Lausanne - 1211 Genève 70 - Switzerland
Account n.: 340399-82-15
Rub: IFCC EUROMEDLAB
IBAN: CH85 0483 5034 0399 8201 5
SWIFT CODE: CRESCHZZ80A - Cleaning: 4835

IMPORTANT: indicate the name of the delegate on the transfer order

by **CREDIT CARD**

America Express VISA Mastercard

Credit Card n°

Expiration date CVC/CID*

** last 3 digits on the back of the card (Mastercard, VISA) or 4 digits on the front of the card (AMEX)*

Total to be charged (registration fees & Congress Dinner) €

Date _____ Signature _____

DETAILS FOR RECEIPTS (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. 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 MUST BE SENT TO

MZ Congressi srl

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Phone: +39 0266802323 - Fax: +39 026686699
icplm2011@mzcongressi.com

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