

Registration Form (Deadline: March 31, 2011)

Please return to: **Universitätsklinikum Essen, Institute for Molecular Biology**
Hufelandstr. 55
D-45122 Essen
Fax: +49 201 723 5974

Last Name _____	First Name _____	Title _____	male <input type="checkbox"/>	female <input type="checkbox"/>
Department _____	Institute _____			
Address _____				
City _____	State _____	Zip/Postal Code _____		
Country _____				
Phone _____	Fax _____	e-mail _____		
I will submit an abstract: yes <input type="checkbox"/> no <input type="checkbox"/>				

Conference package fees

(include accommodation, full board, conference fee, conference dinner, excursion)

	Category A (with WC + shower)	Category B (shared WC + shower)
Double room	€470 <input type="checkbox"/>	
Student rate (double or triple room)		€300 <input type="checkbox"/>
Single room (only limited availability!)	€560 <input type="checkbox"/>	
Accompanying person	€400 <input type="checkbox"/>	
Sum Total	EUR	

Late registration (after March 31, 2011) will be charged with €50 additionally.

I would like to share my room with: _____

I need a shuttle from Munich airport on Friday, May 20 11am 13am
(will be charged separately with 25 € on site)

Bank transfer (free of charge for remittee) to

Sparkasse Essen - Bank Code Number: 360 501 05 - Account No.: 8373086

Please charge the amount of EUR _____ to the following credit card (please tick):

Visa Eurocard Card No. _____

Expiry date _____ Name on card _____

Signature _____ Date _____