

REGISTRATION FORM

IFCC-Worldlab-Euromedlab Berlin 2011 - 15-19 May 2011 - ICC Berlin

Mr. Mrs. Ms. Title _____

Family Name _____ Given Name _____

Institution _____

Department _____

Institution address _____

City _____ Zip code _____ Country _____

Business Phone _____ Fax _____

Home address _____

City _____ Zip 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 _____

One of the following tours is included in the accompanying person fee (please tick the selected tour, see pages 40-41):

Monday, 16 May (n° of people ___) City Sightseeing Tour of Berlin Berlin from the Spree Canals
 Tuesday, 17 May (n° of people ___) Half Day Excursion to Potsdam Tour of the Eastern City Center
 Wednesday, 18 May (n° of people ___) Controversial Berlin Jewish Berlin

REGISTRATION FEES (see page 39 of the program)

	before 30 MARCH 2011	after 30 MARCH 2011
Full Registration	<input type="checkbox"/> € 500	<input type="checkbox"/> € 650
Young Registration*	<input type="checkbox"/> € 250	<input type="checkbox"/> € 350
Accompanying Person	<input type="checkbox"/> € 220	<input type="checkbox"/> € 220
Day Registration	<input type="checkbox"/> € 180	<input type="checkbox"/> € 250
<input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday		

* Reduced fee for delegates born after 1 January 1976 (copy of an identity document is required)

SOCIAL EVENTS (included in some registration fees - see page 31)

OPENING CEREMONY & WELCOME PARTY - Sunday, 15 May 2011

Delegate (only full registration)	YES - NO <input type="checkbox"/> <input type="checkbox"/>	Accompanying Person	YES - NO <input type="checkbox"/> <input type="checkbox"/>
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IMPORTANT NOTICE: It is necessary that all delegates indicate whether they will take part to social events or not.

REGISTRATION FORM

SOCIAL EVENTS (not included in the registration fees - see page 31)

CONGRESS PARTY - Wednesday, 18 May 2011

Family Name _____ Given Name _____

Family Name _____ Given Name _____

Family Name _____ Given Name _____

E-mail address: _____

Congress Party fee: € 30 p.p. n° of tickets Total: € _____

REMITTANCE

Registration fee and Congress Party shall be paid

by BANK TRANSFER to: IFCC - International Federation of Clinical Chemistry
 Credit Suisse AG
 11-19 Rue de Lausanne - 1211 Genève 70 - Switzerland
 Account number: 340399-82-15
 Rub: IFCC EUROMEDLAB
 IBAN: CH85 0483 5034 0399 8201 5
 SWIFT CODE: CRESCHZZ80A - Clearing: 4835
IMPORTANT: please indicate the name of delegate on the transfer

by CREDIT CARD America Express VISA Mastercard

Credit Card n° _____

Expiration date _____ CVD/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 and congress party) € _____

Date _____ Signature _____

See page 36 for the CANCELLATION POLICY

DETAILS FOR RECEIPTS (if different from personal data)

Receipt address to: _____

Address _____ Zip 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 (Via Carlo Farini, 81 - 20159 Milan - Italy)

Fax: +39 026686699 - E-mail: registrations@berlin2011.org