

EBMT Pre-Meeting Study Day for Nurses and Allied Health Professionals

Vienna • Austria • Sunday, 21 March 2010

Fields marked in red can be completed electronically

Registration Form Pre-Meeting Study Day (one form per active participant)

- Mr Mrs Ms
 this is my private address this is my business address

To be returned before 13 January 2010

Family name (please underline) / First name, initial(s)

Hospital/Institute/Company

Department

Street, No.

P.O. Box

Postal code/Zip code

City

Country

State/County (where applicable)

Email (if available)

Telephone business

Telephone home

Fax (if available)

Nurses Pre-Meeting Study Day
EBMT 2010
c/o Congrex Switzerland Ltd.
Association House
P.O. Box
4002 Basel / Switzerland

Fax +41 61 686 77 88

The focus of the 6th Annual Study Day is **Acute myeloid leukaemia & Quality of life issues.**

This study day is separate from the EBMT meeting and registration for the congress does not automatically entitle participation at the Pre-Meeting Study Day.

Please register via Internet: www.congrex.ch/ebmt2010; Link: **Nurses Pre-Meeting Study Day** or use this registration form. For online registration payment by credit card will be necessary. For assistance please contact: ebmt@congrex.com

Registration

		Total
100	Registration Nurses Pre-Meeting	€ 50
		Total € (Euro)

Please indicate the respective sessions (morning and afternoon) you are planning to attend.

Morning Sessions 09:00 – 12.30

500 Standard Sessions yes no

Afternoon Sessions 13.30 – 16.30 (please select either the standard or the advanced session)

510 Standard Sessions yes no

520 Advanced Practice Sessions yes no

The Advanced Practice Sessions have been introduced for the more experienced nurse and allied health professionals.

The registration fees will be paid as follows:

- Bank transfer **Euro-account** no. 233-503010.76 R (Congrex Switzerland Ltd., Nurses EBMT)
 UBS AG, CH-4002 Basel
 IBAN Code: CH77 0023 3233 5030 1076 R
 BIC: UBSWCHZH80A

- Visa Mastercard American Express

No. _____

Date of expiry _____

CV2 Code* _____

(VISA/Mastercard, last 3 digits in the signature field on your credit card)

*Required field

CV2 Code* _____

(American Express, last 4 digits on the front of your credit card on the right hand side)

*Required field

Cardholder's name: _____

Date: _____

Signature: _____

In case of cancellation, the fees minus a handling charge of 25% will be refunded, provided the cancellation is made in writing before 4 February 2010 to Organising Secretariat c/o Congrex Switzerland Ltd. in Basel/ Switzerland. After this date no refund will be possible. For any changes of names, a fee of € 10 will be charged. The participant acknowledges that he/she has no right to lodge damage claims against the organisers should the holding of the meeting be hindered or prevented by unexpected political or economic events or generally by force majeure, or should the nonappearance of speakers or other reasons necessitate programme changes. With registration, the participant accepts this proviso.