



36th Annual Meeting of the European Group for Blood and Marrow Transplantation
 26th Meeting of the EBMT Nurses Group
 9th Meeting of the EBMT Data Management Group
 2nd EBMT Quality Management Meeting
 4th EBMT Patient & Family Day • Saturday, 20 March, 2010
Vienna • Austria • 21 – 24 March 2010

Fields marked in red can be completed electronically

Registration Form (one form per active participant) please note that you can also register on-line: www.congrex.ch/ebmt2010

Mr Mrs Prof. PD Dr. To be returned **before 13 January 2010** (reduced registration fee) to:
 this is my private address this is my business address

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) _____

EBMT 2010
 c/o Congrex Switzerland Ltd.
 Association House
 P.O. Box
 4002 Basel / Switzerland
 Fax +41 61 686 77 88

Invited by/Part of group _____

Registration fees Registration and payment

		Until 13 January 2010	As from 14 January to 25 February 2010	As from 26 February 2010	Total
100	Physicians				
	EBMT-Member	€ 320	€ 395	€ 450	_____
150	Non-Member	€ 410	€ 480	€ 530	_____
200	Nurses Group				
	EBMT-Member	€ 230	€ 290	€ 340	_____
250	Non-Member	€ 290	€ 360	€ 410	_____
300	Data Management Group				
	EBMT-Member	€ 230	€ 290	€ 340	_____
330	Non-Member	€ 290	€ 360	€ 410	_____
340	Quality Managers				
	EBMT-Member	€ 230	€ 290	€ 340	_____
350	Non-Member	€ 290	€ 360	€ 410	_____
375	Students*	€ 100	€ 125	€ 150	_____
400	Accompanying person	€ 25	€ 25	€ 25	_____

Name, First name _____ The fee for accompanying persons includes the Welcome Reception and free entrance to the exhibition.
 *Students must be one of the authors of an accepted abstract and must provide proof of undergraduate student status. A written certification by the head of the programme is required and must be sent to Congrex Switzerland Ltd. (Fax +41 61 686 77 88).

ProMise 2 Training Sessions (limited to a maximum of 30 participants per session)

Monday, 22 March 2010 **Tuesday, 23 March 2010**
 500 Data Retrieval 520 Data Entry (Beginners only) Please note: Monday ProMise sessions are repeated on Tuesday to allow more choice and flexibility
 510 Data Entry (Beginners only) 530 Data Retrieval

Nurses Workshops (limited to a maximum of 30 participants per session)

Monday, 22 March 2010 **Tuesday, 23 March 2010** **Wednesday, 24 March 2010** *Please note: Workshop 1 will be repeated on Tuesday; Workshop 2 will be repeated on Wednesday.
 540 Workshop 1* 550 Workshop 2* 560 Workshop 1 575 Workshop 3 570 Workshop 2

Quality Management Meeting (Wednesday, 24 March 2010) Pre-registration required

580 I attend the Quality Management Meeting as a: 582 Quality Manager 584 Physician 586 Nurse 588 Data Manager 590 Other

Social Events

		Number of persons	
600	Welcome Reception	Sunday, 21 March 2010	_____ free
610	Spanish Riding School	Monday, 22 March 2010	_____ € 75
620	EBMT Gala Dinner at the Hofburg	Tuesday, 23 March 2010	_____ € 90 (Physicians)
630	EBMT Gala Dinner at the Hofburg	Tuesday, 23 March 2010	_____ € 65 (Nurses & Datamanagers)

Daily Tours

		Number of persons	
700	City Tour of Vienna and Sisi Museum	Sunday, 21 March 2010	_____ € 45
710	Museum Tour	Monday, 22 March 2010	_____ € 65
720	Castle Schönbrunn	Monday, 22 March 2010	_____ € 50
730	Vienna Woods	Tuesday, 23 March 2010	_____ € 55
740	City Tour of Vienna and Sisi Museum	Tuesday, 23 March 2010	_____ € 45
750	Day trip to Salzburg	Tuesday, 23 March 2010	_____ € 155

Total € (Euro) _____

The total amount will be paid as follows: Bank transfer to UBS AG, Basel/Switzerland, **Euro-account** no. 233-503010.73 M
 BIC: UBSWCHZH80A IBAN Code: CH67 0023 3233 5030 1073 M Clearing No.: 233 Beneficiary: Congrex Switzerland Ltd., EBMT 2010
 Check No. _____ enclosed Visa Mastercard American Express

No. _____ Date of expiry _____ CVV2 Code* _____ CVV2 Code* _____
 (VISA/Mastercard, last 3 digits in the signature field on your credit card) (American Express, last 4 digits on the front of your credit card on the right hand side)
 *Required field *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 € 30 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.