

4th International Epilepsy Colloquium + Epilepsy Course

Marburg (Germany), June 27th – 30th 2011

Registration form (one form per active participant)

Online-registration: www.congrex.de/epilepsy2011

CONGREX DEUTSCHLAND GMBH
4th International Epilepsy Colloquium
P.O. Box 2020
79555 Weil am Rhein

Fax: 0049 (0)7621-78714

Remarks

Mr. Mrs. Prof. PD Dr.

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

Institute/Company

Department

Street, No.

P.O. Box

Postal code

City

Country

E-Mail

Telephone business

Fax

Telephone home

Registration Fees – Epilepsy Colloquium

	Registration and payment		
	before April 16 th	after April 16 th	
100 <input type="checkbox"/> Registration – regular	€ 250,00	€ 320,00	_____
110 <input type="checkbox"/> Registration – Residents/Students*	€ 150,00	€ 200,00	_____
120 <input type="checkbox"/> Registration – Epilepsy Nurses* *(Professional or student ID required)	€ 120,00	€ 120,00	_____

Registration Fees – Epilepsy Course

200 <input type="checkbox"/> Registration – regular	€ 250,00	€ 300,00	_____
210 <input type="checkbox"/> Registration – Residents/Students (ID required)	€ 130,00	€ 180,00	_____
220 <input type="checkbox"/> Registration – Epilepsy Nurses (ID required) *(Professional or student ID required)	€ 100,00	€ 100,00	_____

Social Programme

	N° of persons	Amount in €
700 <input type="checkbox"/> Get Together, Monday, June 27 th 2011	Participation <input type="checkbox"/> yes <input type="checkbox"/> no	included in registration fee
710 <input type="checkbox"/> Dinner Reception at the Marburg castle, Tuesday, June 28 th 2011	_____ x € 60,00	_____
720 <input type="checkbox"/> Epilepsy Course: Get Together in the 5 Jahreszeiten, Wednesday, June 29 th 2011	Participation <input type="checkbox"/> yes <input type="checkbox"/> no	included in registration fee
Total Amount: EURO		_____

The total amount will be paid as follows:

Bank transfer to Deutsche Bank, Weil am Rhein/Germany, Account-No. 079 009 726 (Bank Code 683 700 24)
IBAN: DE68 6837 0024 0079 0097 26, BIC (Swift Code): DEUTDEDB679

Please charge the fee to my account no. _____, BLZ _____, Bank _____
(for German participants only)

VISA MASTERCARD AMERICAN EXPRESS No. _____

Exp. Date ____/____/____ CVV2 Code ____

Date: _____

Signature: _____

Cancellation / Refund Policy

After May 27th, 2011, no refund can be made for cancellations. Vouchers cannot be replaced if lost. The participant acknowledges that she/he has no rights to lodge damage claims against the organisers should the holding of the Congress be hindered or prevented by unexpected political or economic events or generally by force majeure, or should non-appearance of speakers or other reasons necessitate programme changes. With her/his registration, the participant accepts this proviso.