

Registration Form (one form per active participant) Please note that you can also register on-line: www.ectrims.eu/2010

Mr Mrs Prof. PD Dr.

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)

E-mail

Phone business

Phone home

Fax

Do not complete
Status

Please return before **18 August 2010** to:

ECTRIMS 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

until 18 August 2010 as from 19 August 2010

| | | | |
|--|-------|-------|-------|
| 100 Congress delegates ECTRIMS | € 450 | € 600 | _____ |
| 150 Members of RIMS** Please state your occupation _____ | € 200 | € 300 | _____ |
| 200 Physicians in training, researchers and therapists* | € 200 | € 300 | _____ |
| 300 Analyst | € 450 | € 600 | _____ |
| 400 Accompanying person | € 30 | € 40 | _____ |

Accompanying person

Name / First name

* Physicians in training: colleagues born after 1 January 1975; copy of passport requested / Therapists: Confirmation from head of department required
** RIMS members: Copy of membership fee receipt for 2010 requested

Teaching Courses

Nr. of Courses

until 18 August 2010 as from 19 August 2010

| | | | |
|-----------------------------------|------|------|-------|
| Fee teaching course 1 - 10 | € 30 | € 40 | _____ |
|-----------------------------------|------|------|-------|

Teaching courses during the ECTRIMS meeting are subject to ECTRIMS congress registration.

Wednesday, 13 October 2010 (morning) / please tick off the course(s) you want to participate in

| | |
|---|--|
| 500 08.30 - 10.00 <input type="checkbox"/> 1 Differential diagnosis of MS using MRI | 525 10.30 - 12.00 <input type="checkbox"/> 6 High field MRI - impact on diagnosis and pathology |
| 505 08.30 - 10.00 <input type="checkbox"/> 2 MS Animal Models | 530 10.30 - 12.00 <input type="checkbox"/> 7 MS Genetics and environmental or life style factors |
| 510 08.30 - 10.00 <input type="checkbox"/> 3 MS Registries and natural course of MS | 535 10.30 - 12.00 <input type="checkbox"/> 8 Paediatric CNS Inflammatory Demyelination |
| 515 08.30 - 10.00 <input type="checkbox"/> 4 Cognition in MS | 540 10.30 - 12.00 <input type="checkbox"/> 9 OCT and MS |
| 520 08.30 - 10.00 <input type="checkbox"/> 5 Analyses of CSF in MS | 545 10.30 - 12.00 <input type="checkbox"/> 10 MS Management - the essentials |

Social Events

Number of Persons

| | | | |
|------------------------------|----------------------------|-------|------|
| 550 Welcome Reception | Wednesday, 13 October 2010 | _____ | free |
| 560 Conference Dinner | Friday, 15 October 2010 | _____ | € 55 |

Excursions

Number of Persons

| | | | |
|---|--------------------------------------|-------|----------------|
| 600 Pre-Tour Stockholm | Sunday-Tuesday, 10-12 October 2010 | _____ | € 595 |
| 610 City Tour by bus | Wednesday, 13 October 2010 | _____ | € 50 |
| 620 City Tour by bus | Thursday, 14 October 2010 | _____ | € 50 |
| 630 Fish Auction | Thursday, 14 October 2010 | _____ | € 85 |
| 635 Fish Auction | Friday, 15 October 2010 | _____ | € 85 |
| 640 Achipelago Tour | Friday, 15 October 2010 | _____ | € 80 |
| 650 Post-Tour Kingdom of Crystal | Saturday-Sunday, 16-17 October 2010 | _____ | € 570 |
| 660 Post-Tour Adventures in the mountains | Saturday-Tuesday, 16-19 October 2010 | _____ | € 740 |
| | | | Total € |

The total amount will be paid as follows: Bank transfer to UBS AG, 4002 Basel, Switzerland, EUR Acc. No. 233-503.010.77 H

BIC: UBSWCHZH80A IBAN No. CH72 0023 3233 5030 1077 H Clearing No.: 233 Beneficiary: Congrex Switzerland Ltd., ECTRIMS 2010

VISA MASTERCARD AMERICAN EXPRESS

No. _____

Exp. date _____

CVV2 Code* _____

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

* Required field

CVV2 Code* _____

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

* Required field

Date: _____

Cardholder's name: _____

Signature: _____

Your registration will be accepted only upon receipt of payment. In case of cancellation, the fees minus handling charges (25%) will be refunded, provided the cancellation is made in writing up to **25 August 2010**. 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 political events (such as acts of terrorism, danger of hostility, war etc.) or by unexpected economic events or generally by force majeure, or should the non-appearance of speakers or other reasons necessitate programme changes. With registration, the participant accepts this proviso.

By signing the application, the participant declares that he/she agrees to its personal and company data being processed by Congrex and that this data may be used for information purposes on congresses and events in the field of neurology an MS organised by Congrex. In the opposing case, the participant notifies Congrex at the time of returning the signed application.