

Registration form

23rd Annual meeting of the International Society of Blood Purification

August 31 - September 2, 2005

Please print

Family name _____ Initials _____ Prof./Dr./Mr./Ms./Mrs.

Address _____

Institution/Company _____ Department _____

Zipcode _____ City _____

Country _____

Phone _____ Fax _____

E-mail _____

I want to register as:

Please tick the appropriate box

	Early registration (before May 30, 2005)	Late registration (after May 30, 2005)
<input type="checkbox"/> Member of ISBP (September 1-2)	€ 300	€ 325
<input type="checkbox"/> Member of ISBP (September 1)	€ 210	€ 230
<input type="checkbox"/> Member of ISBP (September 2)	€ 210	€ 230
<input type="checkbox"/> Other physician (September 1-2)	€ 325	€ 350
<input type="checkbox"/> Other physician (September 1)	€ 230	€ 250
<input type="checkbox"/> Other physician (September 2)	€ 230	€ 250
<input type="checkbox"/> Resident* (September 1-2)	€ 175	€ 200
<input type="checkbox"/> Resident* (September 1)	€ 125	€ 145
<input type="checkbox"/> Resident* (September 2)	€ 125	€ 145
<input type="checkbox"/> Accompanying person (September 1-2)	€ 150	€ 175
<input type="checkbox"/> Accompanying person (September 1)	€ 105	€ 125
<input type="checkbox"/> Accompanying person (September 2)	€ 105	€ 125

* only if a statement of the head of your department is enclosed as proof that you are a student/fellow in training

Name of accompanying person (non participant): _____ Mr./Mrs.

Social Events

Number of tickets

<input type="checkbox"/> Welcome reception on August 31, 2005x	Free of charge
<input type="checkbox"/> Dinner on September 1, 2005x	€ 70 per ticket
<input type="checkbox"/> Daytrip to Amsterdam on September 3, 2005x	€ 80 per ticket

P.T.O.

Payment

All payments must be made in Euro. Payments should be made in advance using one of the following methods:

Money order made payable to (you will receive an invoice):

Het Congresbureau - Erasmus MC

ABN/AMRO Bank Rotterdam, The Netherlands

Account number: 49.69.70.933; Swift code: ABN-ANL-2A

IBAN: NL49ABNA0496970933

Please state your name and the reference "ISBP" on your payment order.

Visacard

Mastercard

Cardnumber _____

Expiry date _____

Cardholders name _____

CVC code _____

(last three digits on the reverse side of the card)

Cardholders address _____

Hotel

First choice

Second choice

Westin Hotel

Hilton hotel

NH Atlanta

Single room

Double room

Date of arrival _____

Date of departure _____

Number of nights _____

The undersigned hereby declares to have taken notice of the registration conditions, fees, payment and cancellation conditions of "23rd Annual meeting of the International Society of Blood Purification", which you can find in the brochure.

Date _____ Signature _____

Please complete this registration form and return by postal mail or fax to:

Erasmus MC - Het Congresbureau

Mrs. M.L. Bot / Mrs. M. de Haan

PO Box 1738

3000 DR Rotterdam

The Netherlands

Fax: +31 (0) 10 408 94 62

Please remember to make a photocopy of this form for your own records.

If you wish to fax this registration form to the Congress secretariat, please fax both sides of this form.