



EUROPEAN HELICOBACTER STUDY GROUP
XVII International Workshop Gastrointestinal
Pathology and Helicobacter
September 22 - 24, 2004, Vienna, Austria

CONGRESS REGISTRATION FORM

Please return before September 15, 2004

Please complete in capital letters and return to: EHSG 2004 c/o Vienna Medical Academy Alser Strasse 4, 1090 Vienna, Austria
 Tel.: +43 1 405 13 83 14 - Fax: +43 1 407 82 74 - E-mail: ehsg2004 @medacad.org

PERSONAL DATA

 Last name First Name Title

 Institution/Department/Hospital

 Address

 ZIP Code City Country

 Phone Fax E-mail

Principal Activity: A. Patient Related B. Research Related C. Other

Speciality: A. Internal Medicine B. Gastroenterology C. Pathology D. Bacteriology E. Industry
 F. Molecular Biology G. Immunology H. Epidemiology I. Paediatrics J. Other

REGISTRATION FEES (in EURO)

Payment Received:	before July 15, 2004	after July 15, 2004
Regular Participants	<input type="checkbox"/> 300.-	<input type="checkbox"/> 400.-
Young Scientists (<35 years)*	<input type="checkbox"/> 200.-	<input type="checkbox"/> 265.-
Company Representatives	<input type="checkbox"/> 400.-	<input type="checkbox"/> 535.-
Accompanying Person(s) _____ Persons @	<input type="checkbox"/> 40.-	<input type="checkbox"/> 55.-

* Please provide a copy of an ID together with your registration.

SOCIAL EVENTS

<input type="checkbox"/>	Wednesday, September 22, 2004, 18.00 hrs Welcome Reception	_____ Person(s)	No Fee, but registration is necessary
<input type="checkbox"/>	Thursday, September 23, 2004, 20.00 hrs Mayor's Reception at the City Hall	_____ Person(s)	No Fee, but registration is necessary

LUNCH BOXES (Please note that lunch boxes have to be ordered in advance and cannot be bought on site.)

<input type="checkbox"/>	Thursday, September 23, 2004	_____ Person(s)	<input type="checkbox"/> 10.- p.p.
<input type="checkbox"/>	Friday, September 24, 2004	_____ Person(s)	<input type="checkbox"/> 10.- p.p.
<input type="checkbox"/>	Vegetarian box required		

METHODS OF PAYMENT

- Bank transfer **free of charge for the beneficiary** to the Congress Bank Account: "EHSG 2004",
IBAN AT 39 20111 280 365 803 14, SWIFT GIBAATWW. Account No. 280 365 803 14, Bank/Routing code: 20111,
 at the "Erste Bank", Alserstrasse 23, 1080 Vienna, Austria
- Cheque **in Euro, free of charge for the beneficiary**, payable to the EHSG Congress Office c/o Vienna Med.Academy
- Credit card Visa Mastercard Diners Club

Card number _____ CVV2/CVC2 Code* _____ Expiry Date _____

Name of Cardholder _____ Signature _____

*The **CVV2/CVC2** is a 3-digit security code printed on the back side of your card. The number appears in reverse italic at the top right end of the signature panel behind the last 4 digits of your card number. This helps us to fight fraud in the "card-not-present transactions". Thank you!

Date _____ Signature _____