



ESHG – EMPAG 2002

May 25 – 28, 2002, Strasbourg – France



CONGRESS REGISTRATION FORM

Please return before May 13, 2002

Please complete and return to: ESHG–EMPAG 2002 c/o Vienna Medical Academy, Alser Strasse 4, A –1090 Vienna, Austria
Tel : +43 (0)1405 13 83 14 -Fax :+43 (0)1 407 82 74 - e-mail :eshg2002@medacad.org - Online registration: <http://www.eshg.org/eshg2002>

Last name _____ First Name _____ Title _____

Institution/Department/Hospital _____

Address _____

ZIP Code _____ City _____ Country _____

Phone _____ Fax _____ E-mail _____

Please tick here if you do not wish your data being forwarded to exhibiting companies on request.

REGISTRATION FEES (EURO)

Payment Received:	before March 1, 2002	after March 1, 2002
ESHG		
ESHG Members*	<input type="checkbox"/> 260.-	<input type="checkbox"/> 360.-
Non-Members	<input type="checkbox"/> 370.-	<input type="checkbox"/> 470.-
Students **	<input type="checkbox"/> 130.-	<input type="checkbox"/> 160.-
Accompanying Person(s)	_____ Person(s)	<input type="checkbox"/> 90.-
EMPAG		
Regular participant (May 25-27)	<input type="checkbox"/> 300.-	<input type="checkbox"/> 360.-
Students** (May 25-27)	<input type="checkbox"/> 100.-	<input type="checkbox"/> 120.-
Regular + Tuesday, May 28	<input type="checkbox"/> 370.-	<input type="checkbox"/> 470.-
Students + Tuesday, May 28 **	<input type="checkbox"/> 130.-	<input type="checkbox"/> 160.-
<small>* Participants having applied for ESHG membership and who have paid their contribution, may pay the Member's fee. Membership information is available at www.eshg.org. ** Please provide a copy of a Student's ID or a confirmation signed by the head of department by fax to +43 1 407 82 74 or together with the hardcopy of the registration form.</small>		

SOCIAL EVENTS

<input type="checkbox"/> Saturday May 25, 2002, 19.45 hrs Welcome Reception at the Musée d'art Moderne et Contemporain	_____ Person(s)	No Fee
<input type="checkbox"/> Sunday, May 26, 2002, 19.30 hrs Conference Party at the Palais Universitaire	_____ Person(s)	<input type="checkbox"/> 49.- (Regular) <input type="checkbox"/> 25.- (Students)
<input type="checkbox"/> Sunday, May 26, 2001, 19.30 hrs Cruise Dinner for registered EMPAG Participants only. <i>Number of participants is limited by the size of the boat. Please make sure to book your tickets early.</i>		No Fee
<input type="checkbox"/> Monday, May 27, 2002, 20.00 hrs Organ and Choir Concert	_____ Person(s)	<input type="checkbox"/> 15.- (Regular) <input type="checkbox"/> 10.- (Students)

LUNCH TICKETS (cannot be purchased on site! Pre-order only!)

<input type="checkbox"/> Sunday, May 26, 2002	_____ Person(s)	<input type="checkbox"/> 20.- p.p.
<input type="checkbox"/> Monday, May 27, 2002	_____ Person(s)	<input type="checkbox"/> 20.- p.p.

TOURS

<input type="checkbox"/> Saturday, May 25 3-hour tour: The Jewish Heritage, or	_____ Person(s)	<input type="checkbox"/> 20.- p.p.
<input type="checkbox"/> Saturday, May 25 3-hour tour: Cathedral & Musée de l'Oeuvre Notre Dame		
<input type="checkbox"/> Sunday, May 26, 2002 – Full day tour “The Wine Route” (EUR 80.-)	_____ Person(s)	Payment on site
<input type="checkbox"/> Monday, May 27, 2002 – Half day tour “Visit of Strasbourg” (EUR 25.-) <i>Included for registered accompanying persons</i>	_____ Person(s)	Payment on site

Total EURO: _____

METHODS OF PAYMENT

- Bank transfer **free of charge for the beneficiary** to the Congress Bank Account: "WMA-ESHG", Acc.No. 300031-08737, Bank/Routing code: 20111, SWIFT/BIC: GIBAATWW, at the Erste Bank, Alserstrasse 23, A-1080 Vienna, Austria
- Cheque **free of charge for the beneficiary**, made payable to the ESHG-EMPAG Congress Office c/o Vienna Medical Academy
- Credit card Visa Eurocard/Mastercard Diners Club

Card number _____ Expiry Date _____

Name of Cardholder _____ Signature _____

Date _____ Signature _____