

Registration Form

RETINAL VASCULAR DISEASES - Novel Diagnostic findings and therapeutic strategies

October 20, 2007, Austrian Academy of Sciences, Vienna

Please use block letters and return this form by mail or fax at your earliest convenience, but no later than **October 7, 2007** to:

Vienna Medical Academy
Att. Mirjam Uebelhör
Alser Straße 4, A – 1090 Vienna
rvd2007@medacad.org

Fax: +43 1 407 82 74

Title: _____ First Name _____ Last Name: _____

Institution: _____

Department: _____

Street: _____

ZIP Code: _____ City: _____ Country: _____

Phone: _____ Fax: _____

E-mail: _____

Registration Fee:

Regular Participant, EUR 50.-

Lunch: (no fee, but registration is necessary)

October 20, 2007

Payment Modalities: Please check the appropriate item:

Bank Transfer (free of charge for the beneficiary):
"EUROSOIL 2008", Account Number: 287 351 887/00, at the Erste Bank, Bank Code 20111,
BIC: GIBAATWW, IBAN AT 0520111 287 351 887 00 – to avoid bank charges, please use the IBAN within the EU

Credit Card: VISA Euro/MasterCard Diners Club

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Cardholder: _____ Expiry Date: _____ / _____

Date: _____ Signature: _____

Cancellation Policy:

Cancellations will be accepted only if made in writing. . In case of cancellation until October 1, 2007 the conference fee will be refunded. In case of cancellation after October 1, 2007 no refund can be claimed. The date of postmark or fax will be used as basis for refund. Please specify the favoured way of cost refunding in your letter of cancellation. Refunds will be done after the conference.