

cGMP 2015
7th International Conference on cGMP
Generators, Effectors and Therapeutic Implications
TRIER / Germany, June 19-21, 2015

Please complete this form in block letters or typewritten and return it to:
 GKV mbH – cGMP Registration Office/PO Box 10 06 19 – D 63006 Offenbach
 Phone +49-69-829794-15 Fax +49-69-829794-33 Email cgmp@gkv-touristik.de
 Congress website: www.cyclicgmp.net

DEADLINE FOR EARLY REGISTRATION – March 31, 2015
DEADLINE FOR REGISTRATION – April 20, 2015

REGISTRATION FORM

PARTICIPANT INFORMATION

Prof. Dr. Mr. Mrs. Date of birth _____

Family name _____ First name _____

Institution _____ Department _____

Street _____ Country _____

ZIP Code/City _____ Phone _____

Email _____

REGISTRATION FEE (registration fee includes arrangements as outlined on the congress website)

	EARLYBIRD before March 31/	REGULAR before April 20	
registration fee	€ 500,00	€ 600,00	€ _____
reduced STUDENTS fee	€ 350,00	€ 450,00	€ _____
accompanying persons fee, includes: Welcome Reception, Guided City Walk, Award Dinner		€ 250,00	€ _____
single day ticket, pls advise date: June _____ no participation in award dinner or sightseeing included		€ 150,00	€ _____
3 nights accommodation category I, single occupancy Category I = Park Plaza Hotel Trier, 4* superior		€ 330,00	€ _____
3 nights accommodation category II, single room:		€ 192,00	€ _____
3 nights accommodation category II, double room for single use: Category II – Robert Schuman Haus Trier (conference venue)		€ 234,00	€ _____
additional overnights: category I –		€ 110,00	
additional overnights: category II (single room) -		€ 64,00	
additional overnights: category II (double room for single use) -		€ 78,00	€ _____
single occupancy including breakfast			
Please indicate dates for add. nights: Arrival: _____ Departure: _____			

Total amount € _____

The accommodation rates are based on single occupancy and include breakfast and VAT. Please note that hotel accommodation is subject to availability, and cannot be guaranteed. Your Congress registration/ accommodation will not be considered complete until payment is received.

If you would like to book a double/triple room, please contact the registration office regarding costs & availability.

All cancellations must be faxed, electronically mailed or post-marked. Refunds will be as follows:

Received by the registration office before April 20, 2015 – 100% refund of registration & accommodation fee (minus € 50,- handling fee)

Received by the registration office before June 5, 2015 – 50% refund of registration fee, no refund of accommodation fee

Cancellations received after June 5, 2015 will be non-refundable for both registration and accommodation fees.

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Participant's Name _____

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PAYMENT – payable in Euros to GKV – cGMP Registration office (account holder)

Please indicate the total amount to be charged and preferred mode of payment.

Total amount to be charged: € _____

BANK TRANSFER (accepted till May 03rd)

IBAN: DE 51 5056 1315 0303 2888 70 BIC: GENO DE 51 OBH

VVB MAINGAU; Seligenstaedter Str.; D 63179 Obertshausen

Account holder: GKV-cGMP

CREDIT CARD PAYMENT

American Express Visa Mastercard

Card Number _____

(please include the 3 or 4 digit security code (CVC) which is mostly printed on the back of your cc !)

Date of exp. _____

Cardholders name _____

_____ (signature of cardholder mandatory for cc payment)

Liability

The Congress Organizers cannot accept liability for personal accidents or loss or damage to private property of participants either during or directly arising from the 7th International Conference on cGMP.

I hereby accept the conditions of registration outlined

Signature

Date

TRAVEL SUPPORT

A limited amount/number of Travel Supports will be given to assist PhD students and PostDocs under 30 years of age, to present papers or posters at the conference. Note the number of travel supports is limited to 10. Up to 500,- Euros will be given depending on expenses for flight (economy class) and/or train (2nd class).

If you are a PhD student/PostDoc under 30 and would like to apply for a travel grant, please sign below & **send your registration by March 31st**. Travel support recipients will be notified by beginning of April.

I hereby apply for a travel grant:

Signature

Date