

cGMP 2024
11th International Conference on cGMP
Generators, Effectors and Therapeutic Implications
Lübeck / Germany, June 28 - 30, 2024

Please complete this form in block letters or typewritten and return it to:
GKV mbH - cGMP Registration Office/ Otto-Hahn-Str. 24a - D 63165 Mühlheim/M
Phone +49-6108 822 9513 Fax +49-6108 822 9522 Email cgmp@gkv-touristik.eu
Congress website: www.cyclicgmp.net

DEADLINE FOR EARLY REGISTRATION - March 28, 2024

DEADLINE FOR REGISTRATION - June 14, 2024

REGISTRATION FORM

PARTICIPANT INFORMATION

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

Family name _____

First name _____

Institution _____

Department _____

Street _____

ZIP Code, City _____

Country _____

Email _____

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

	EARLYBIRD before March 28/	REGULAR before June 14	
registration fee*	€ 590,00	€ 750,00	€ _____
reduced STUDENTS fee*	€ 400,00	€ 500,00	€ _____
single day ticket, pls advise date: June _____		€ 250,00	€ _____
Total amount			€ _____

All fees include 19% VAT

Your congress registration will not be considered complete until payment is received.

Please note: Accommodation is NOT INCLUDED in the registration, you can book this separately following the instructions on the accommodation page on the website www.cyclicgmp.net.

* Registration includes the participation in the scientific and social program.

If you would like to register an accompanying person taking part in the social program only, please contact the registration office.

All cancellations must be sent in writing (per e-mail is accepted).

Received by the registration office before March 28, 2024 - 100% refund of registration fee

Received by the registration office before June 14, 2024 - 50% refund of registration fee

Cancellations received after June 14, 2024 will be non-refundable.

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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 June 14th, 2024)

IBAN : DE50 5019 0000 4303 1000 38 BIC: FFVBDEFF
Frankfurter Volksbank / Börsenstr. 7-11 / 60313 Frankfurt
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, infections or loss of/damage to private property of participants either during or directly arising from the 11th 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. 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 28th**. Travel support recipients will be notified by the end of April.

I hereby apply for a travel grant:

Signature

Date