

cGMP 2013
6th International Conference on cGMP
Generators, Effectors and Therapeutic Implications
ERFURT / Germany, June 28-30, 2013

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

DEADLINE FOR EARLY REGISTRATION - March 25, 2013
DEADLINE FOR REGISTRATION - May 03, 2013

REGISTRATION FORM

Participant Information	
Prof. <input type="checkbox"/> Dr. <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/>	Date of birth _____
Family name _____	First name _____
Institution _____	Department _____
Street _____	Country _____
City _____	Phone _____
ZIP code _____	Fax _____
Email : _____	

Registration Fee			
<u>registration fee includes arrangements as outlined on the congress website</u>			
	before Mar 25	before May 03	
registration fee	€ 500,00	€ 600,00	€ _____
reduced STUDENTS fee	€ 350,00	€ 450,00	€ _____
accompanying persons, fee includes:			
- Welcome Reception June 28,			
- guided city walk June 29			
- Award Dinner ceremony June 30	€ 250,00	€ 250,00	€ _____
single day ticket - I wish to book a day ticket for June _____		€ 150,00	€ _____
no participation in award dinner or sightseeing included			
3 nights accommodation <u>category I</u> , single occupancy	€ 330,00	€ 330,00	€ _____
Category I = Radisson Blu Erfurt			
3 nights accommodation <u>category II</u> , single occupancy: € 192,00		€ 192,00	€ _____
Category II - Augustinerkloster and Augustinerkloster Complex accommodation			
additional overnights: category I -	€ 110,00		
additional overnights: category II -	€ 64,00		€ _____
per single room/night incl. breakfast			
Please indicate dates for add. nights: Arrival: _____		Departure: _____	
Total amount			€ _____
<p>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.</p> <p>If you would like to book a double room, please contact the registration office regarding costs & availability.</p> <p>All <u>cancellations</u> must be faxed, electronically mailed or post-marked. Refunds will be as follows:</p> <p>Received by the registration office before May 03, 2013 - 100% refund of registration & accommodation fee (minus € 50,- handling fee)</p> <p>Received by the registration office before June 14, 2013 - 50% refund of registration fee, no refund of accommodation fee</p> <p>Cancellations received after June 14 will be non-refundable for both registration and accommodation fees.</p>			

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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

For payments within Germany: BLZ: 505 613 15, Kontonr: 303288870, Bank: VVB Maingau

☐ **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 6th International Conference on cGMP.

I hereby accept the conditions of registration outlined

Signature

Date