

cGMP 2007
3rd International Conference on cGMP
Generators, Effectors and Therapeutic Implications
DRESDEN / Germany, June 15-17, 2007

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 22, 2007

DEADLINE FOR REGISTRATION - April 12, 2007

REGISTRATION FORM

Date _____

Reg.# _____

- for office use only -

Participant Information

Prof. Dr. Mr. Mrs.

Date of birth _____

Family name _____

First name _____

Institution _____

Department _____

Street _____

Country _____

City _____

Phone _____

ZIP code _____

Fax _____

Email : _____

Registration Fees

registration fee includes all meals and social events

	by March 22	after March 22	
a) incl. 3 nights accommodation single room at the conference venue hotel, June 15-18, 07	€ 710,00	€ 810,00	€ _____
b) reduced STUDENTS fee incl. 3 nights accommodation single room at the conference venue hotel, June 15-18, 07	€ 480,00	€ 580,00	€ _____
c) without accommodation	€ 500,00	€ 600,00	€ _____
d) reduced STUDENTS fee without accommodation	€ 370,00	€ 470,00	€ _____
e) single day ticket - I wish to book a day ticket for June _____ - no evening participation in dinners or sightseeing etc included -		€ 150,00	€ _____
I wish to participate in the following events - <u>which are included in the registration fee for versions a) to d)</u>			
<input type="checkbox"/> Welcome reception June 15		<input type="checkbox"/> Lunch June 17	
<input type="checkbox"/> Lunch June 16		<input type="checkbox"/> Farewell Dinner & Young Investigator´s Award June 17	
<input type="checkbox"/> Dresden Sightseeing June 16			
e) accompanying persons share of double room with a registered person fee includes surcharge for double room , Welcome Reception June 15, Sightseeing June 16 and dinner June 17	€ 300,00	€ 400,00	€ _____
f) additional overnights* single room	€ 170,00		€ _____
double room	€ 190,00		€ _____
* please indicate dates for add. nights June _____, 2007			

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Participant 's Name _____

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Payment - payable in €uros to GKV -cGMP Registration office (account holder)

BANK TRANSFER (accepted till April 30th)

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)

I hereby accept the conditions of registration outlined

Signature

Date