

cGMP 2009
4th International Conference on cGMP
Generators, Effectors and Therapeutic Implications
REGENSBURG / Germany, June 19-21, 2009

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 - February 28, 2009
DEADLINE FOR REGISTRATION - April 27, 2009

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 Feb.28	before April 27	
registration fee	€ 500,00	€ 600,00	€ _____
reduced STUDENTS fee	€ 370,00	€ 450,00	€ _____
accompanying persons, fee includes:			
- Welcome Reception June 19,			
- guided city walk June 20			
- Award Dinner ceremony June 21	€ 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 Jun 19-21 category I	€ 375,00	€ 375,00	€ _____
3 nights accommodation Jun 19-21 category II	€ 300,00	€ 300,00	€ _____
3 nights accommodation June 19-21 category III	€ 210,00	€ 210,00	€ _____
additional overnights: category I - € 125,00 / category II - € 100,00 / category III - € 70,00			€ _____
per single room/night incl. breakfast			
Please indicate dates for add. nights: Arrival: June ____, 2009 Departure: June ____, 2009			
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 cancellations must be faxed, electronically mailed or post-marked. Refunds will be as follows:</p> <p>Received by the registration office before April 27, 2009 - 100% refund of registration & accommodation fee (minus € 80,- handling fee)</p> <p>Received by the registration office before June 01, 2009 - 50% refund of registration fee, no refund of accommodation fee</p> <p>Cancellations received after June 01 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 April 27th)

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 4th International Conference on cGMP.

I hereby accept the conditions of registration outlined

Signature

Date