

cGMP2005
2nd International Conference on cGMP
Generators, Effectors and Therapeutic Implications
POTSDAM / Germany, June 10-12, 2005

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 +49-69-829794-13 Fax +49-69-829794-33 Email cgmp@gkv-touristik.de

DEADLINE FOR REGISTRATION - April 22, 2005

INDIVIDUAL REGISTRATION FORM

Date _____ Reg.# _____
 - for office use only -

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 _____	
City _____	Phone _____
ZIP code _____	Fax _____
Country _____	Email _____

Registration Fees			
<u>registration fee does include all meals and social events</u>			
	by March 22	after March 22	
a) incl. 3 nights accommodation single room at the conference venue Hotel June 10-13	€ 660,00	€ 760,00	€ _____
b) reduced STUDENTS fee incl accommodation single room June 10-13	€ 430,00	€ 530,00	€ _____
c) without accommodation (hotel must be reserved by yourself)	€ 450,00	€ 550,00	€ _____
d) reduced STUDENTS fee without accommodation	€ 320,00	€ 420,00	€ _____
I wish to participate in the following events - <u>which are included in the registration fee</u>			
<input type="checkbox"/> Welcome reception June 10		<input type="checkbox"/> Lunch June 12	
<input type="checkbox"/> Lunch June 11		<input type="checkbox"/> Dinner cruise June 12	
<input type="checkbox"/> Potsdam sightseeing June 11			
<input type="checkbox"/> Dinner at Crowne Estate Bornstedt June 11			
e) accompaning persons share of double room with a registered person fee includes surcharge for double room , sightseeing June 11 and dinners June 11/12	€ 250,00	€ 350,00	€ _____
f) additional overnights*			
single room	€ 80,00	€ 80,00	€ _____
double room	€ 100,00	€ 100,00	€ _____
* please indicate dates for add. nights June _____, 2005			

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Delegates Name _____

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

BANK TRANSFER (accepted till May 20th)

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 which is mostly printed on the back of your cc !)

Date of exp. _____

Cardholders name _____

(signature of cardholder mandatory for cc payment)

I will present an abstract

I wish to apply for the YOUNG INVESTIGATORS AWARD

I hereby accept the conditions of registration outlined

Signature

Date