



O N S I T E R E G I S T R A T I O N F O R M

PARTICIPANT INFORMATION			
Title:			
Last Name:		First Name:	
Institution:			
Address:		City:	
Postal Code:	Country:		
Telephone:		Fax:	
E-Mail:			

please use capital letters and write legibly! Thank you.

REGISTRATION FEES			
Individual Member ESTES	<input type="checkbox"/> € 460,-	Member SICUT*	<input type="checkbox"/> € 460,-
Institutional Member ESTES*	<input type="checkbox"/> € 460,-	Day Ticket***	<input type="checkbox"/> € 210,-
Member ESTES Resident*	<input type="checkbox"/> € 200,-	Nursing Staff*	<input type="checkbox"/> € 200,-
Non-Member	<input type="checkbox"/> € 510,-	Student**	<input type="checkbox"/> € 100,-
Non-Member Resident*	<input type="checkbox"/> € 270,-	Accompanying Person	<input type="checkbox"/> € 150,-

* Members, residents & nurses need to provide written proof of their membership/residency/nurse ID when registering, otherwise non-member fees will apply.

** Students need to provide a copy of their valid Student ID when registering, otherwise the student registration will not be accepted.

***Please note: Subscription to Day Ticket is available only for one day.

No more refunds are possible after payment of registration.

SOCIAL PROGRAMME			
	Date	Persons	Price
Welcome Reception	Thursday, April 28, 2011		<input type="checkbox"/> included
Italian Evening	Friday, April 29, 2011		<input type="checkbox"/> € 50,-
Farewell Dinner	Saturday, April 30, 2011		<input type="checkbox"/> € 80,-

MODE OF PAYMENT			
<p><input type="radio"/> Please charge the following credit card (Visa, Eurocard/Mastercard, Diners, AMEX will be accepted)</p> <p> <input type="radio"/> VISA <input type="radio"/> Eurocard/Mastercard <input type="radio"/> Diners Club <input type="radio"/> AMEX </p>			
Creditcard number:		Expiry date:	
Card holder:		Signature:	

Mondial Congress & Events shall act as mediator only and cannot be held responsible for any loss incurred or any damage inflicted on persons or objects irrespective of whatsoever cause. The liability for transport- and other service companies shall not be affected by the above. Only written agreements shall be valid. The place of jurisdiction shall be Vienna.

Place _____

Date (DD/MM/YY) _____

Signature _____