

## REGISTRATION

### 5th International Conference on Combinatorial and High-Throughput Materials Science 28 September – 2 October 2008, Kloster Seeon, Bavaria / Germany

**I would like to order**

- |  |                                |                                |
|--|--------------------------------|--------------------------------|
| <input type="checkbox"/> <b>one conference ticket<sup>1)</sup> for</b> | Regular                        | Member <sup>2)</sup>           |
| participants from industry   | <input type="checkbox"/> € 615 | <input type="checkbox"/> € 600 |
| participants from academia   | <input type="checkbox"/> € 415 | <input type="checkbox"/> € 400 |
| students (proof of status required)                                    | <input type="checkbox"/> € 215 | <input type="checkbox"/> € 200 |

A reduction of 50 € on the conference ticket will be granted for registration before 1 June 2008.

The conference ticket includes coffee breaks, lunch and dinner on 29 + 30 September, bavarian breakfast on 1 October.

- one accommodation package for participants<sup>3)</sup>**  € 380 \*

The accommodation package includes accommodation at Kloster Seeon or a nearby guesthouse (4 nights incl. breakfast), excursion to Herrenchiemsee on 30 September, conference dinner on 1 October.

- one accommodation package for accompanying persons<sup>3)</sup>**  € 280 \*  
(1 additional person in double room)

The accommodation package includes accommodation at Kloster Seeon or a nearby guesthouse (4 nights incl. breakfast), excursion to Herrenchiemsee on 30 September, conference dinner on 1 October.

**Please help us organise your stay at Seeon with the following details:**

Arrival date \_\_\_\_\_ at \_\_\_\_\_ (time)      Departure date \_\_\_\_\_ at \_\_\_\_\_ (time)

I want to use the bus shuttle on 28 Sept. from  Bad Endorf station       Traunstein station

- I do not need a hotel room  
 I am a vegetarian

**I will pay the total amount**

- by bank transfer after receipt of the invoice  
 by credit card (please indicate accordingly)       Mastercard       Visa       Amex       Diners

Card no: \_\_\_\_\_ Expiry date: \_\_\_\_ / \_\_\_\_

Mr.  Ms

Name, First name, Title: \_\_\_\_\_

Company/University: \_\_\_\_\_

Department/Institute: \_\_\_\_\_

Street/P.O. Box: \_\_\_\_\_

Postal Code/Place: \_\_\_\_\_

Country: \_\_\_\_\_

Phone / Fax / E-mail: \_\_\_\_\_

Name of accompanying person: \_\_\_\_\_

\_\_\_\_\_  
Place, Date

\_\_\_\_\_  
Signature

<sup>1)</sup> No VAT requested acc. to § 4.22 UStG

<sup>2)</sup> Personal DECHEMA-members or EFC/EFCE-passport holders

<sup>3)</sup> including 19 % VAT

<sup>4)</sup> For other arrangements please contact the conference office