

Registration Form

EURO NANOMEDICINE 2009 - SEPTEMBER 28-30, 2009 IN BLED, SLOVENIA

Please use this form **only for one person**. Please complete this form with a typewriter or in block letters and return to:

DECHEMA e.V., P.O. Box 15 01 04, D-60061 Frankfurt am Main/Germany

Fax: +49 / (0) 69 / 7564 – 176 (Please keep one copy for your files)

Mr. Mrs. Dr. Prof.

Name, First Name: _____

Company / University: _____

Department / Institution: _____

Street: _____ P.O.B. _____

Country/Postal Code/Place: _____

Area Code/Phone/Extension: _____ Fax: _____

E-mail: _____

Registration for

1) the Conference Ticket¹⁾

Members of the three FP6 European Integrated Projects 305 EUR

I am member of: NanoBioPharmaceutics NanoEar MediTrans

Non-Members 485 EUR

Students²⁾ 70 EUR

2) the Social Programme

Price per Ticket¹⁾

a) **Welcome Reception** on Monday, September 28, 2009 free of charge

b) **Conference Dinner** on Tuesday, September 29, 2009 75 EUR

I am vegetarian

1) not subjected to tax acc. to § 13b UStG – Reverse-Charge

2) **Proof of status must be attached!**

I shall pay the total amount

- by bank transfer after receipt of the invoice
- by credit card (please complete accordingly):

AMEX Diners MasterCard VISA

Card no.: _____ Valid until (month/year): ____/____

Please note that at the conference office only payment in cash in EURO or by credit card can be accepted, but not in foreign currency.

Place, Date

Signature/Company's Stamp

Cancellation and Refunds: 30 EUR administrative costs will be charged for written cancellations (letter, fax or e-mail) received by **September 10, 2009**. Thereafter no conference fee will be refunded and the book of abstracts will be sent.