

ESCMID Symposium

3rd International Day for Fighting Infection

Hospitals and Infectious Patients Throughout the Centuries

23 April 2010
Florence, Italy

Registration Form – Page 1

Please complete and return this form to the Administrative Secretariat:

Loredana Rohrbach
ESCMID Executive Office
c/o Congrex Switzerland Ltd
Association House
P.O. Box
4002 Basel, Switzerland
Phone +41 61 686 7791
Fax +41 61 686 7798
loredana.rohrbach@escmid.org

Please fill clearly. The information below will be reproduced in the delegate list at the conference and be used for all mailings for this conference. Please ensure the information you complete below is correct.

DELEGATE (one form per active participant)

Title and gender (please check the appropriate boxes): Dr Prof male female

Family Name: _____ Given Name: _____

Institute/Company: _____

Department: _____

Address: _____

Post Code / City / State / Country: _____

Telephone: _____ Fax: _____

E-mail address: _____

Please invoice to: _____

REGISTRATION FEES

Before and on 31 Jan 2010	EUR	80.00
After 31 Jan 2010	EUR	130.00

Delegate registration fees include admission to the scientific sessions, printed conference material, lunch and coffee breaks, but not travel and accommodation costs.

Please complete page 2 →

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Name of Delegate: _____

PAYMENT DETAILS

Please choose one of the options below:

Bank transfer

EUR _____ were transferred by

Name: _____

free of charge for ESCMID to Deutsche Apotheker- und Ärztebank, 80323 Munich, Germany, Account number 000 236 2368,
Bank sorting code: 300 606 01, IBAN: DE61 3006 0601 0002362368, BIC (SWIFT): DAAEDED

Bank cheque/international draft drawn on a German bank and payable to ESCMID is enclosed.

Payment by credit card

Please charge EUR _____ to my credit card:

VISA MasterCard Diners Club American Express

Name of Cardholder: _____

Card Nr: _____

Expiry date (mm/yy): _____ Card Verification Code (CVC): _____

(The CVC is the 3- or 4-digit number printed on the back or front side of your credit card to the right of the regular card number.)

Date: _____ Signature _____

FORMS SENT WITHOUT PAYMENT PROOF OR CREDIT CARD AUTHORIZATION WILL NOT BE CONSIDERED.

- **Registration fee for delegates** includes admission to the scientific sessions, printed conference material, lunch and coffee breaks, but not travel and accommodation costs.
- **Confirmation: Registration** will be **confirmed** by either email or fax **only after receipt** of the full registration fee.

Date: _____ Signature _____

Please return this form to: ESCMID Loredana Rohrbach, loredana.rohrbach@escmid.org, Fax +41 61 686 77 98