

REGISTRATION FORM

ÖGP-SGPath-Joint-Meeting, November 4-6, 2010

Please return to: Christine Schneider, Fax: +43(0)5522 303 7521; E-mail: pathologie@lkhf.at
on-line registration at <http://www.pathology.at>

Prof/Dr/Mr/Ms: First name(s):

Surname:

Medical licence number (ÖÄK-Ärztenummer):

Department:

Institute:

Street & Number:

Zip code & City: Country:

Phone: Fax:

E-mail:

Accompanying person(s):

Registration Fees (incl. VAT)			Total
Members of ÖGP or SGPath	Ordinary members	€ 120.–	€
	Extraordinary members	€ 120.–	€
	Retired members	€ 100.–	€
	Residents, Junior members	€ 100.–	€
Non members of ÖGP or SGPath	Residents	€ 100.–	€
	Students and Technicians	€ 80.–	€
	Other non-members	€ 140.–	€
On site registration	Payable in € and CHF, (no credit and EC cards)	Registration Fee € 30.–	€
One day tickets	All participants except	€ 80.–	€
	Students and technician	€ 50.–	€
Slide Seminar Saturday, without attendance of the meeting	Members of SGPath and ÖGP	Free	€
	Others	€ 50.–	€
Basics in Pathology	Please indicate in right field: <input type="checkbox"/>		
Visit the Molecular Pathology Lab	Please indicate in right field: <input type="checkbox"/>		
Gala Dinner Friday	Members of SGPath, ÖGP and Residents	€ 30.–	€
	Others - no of persons:	€ 35.–	€

NAME

PAYMENT

Payment should accompany registration. Bank charges have to be paid by the registrant.

TOTAL Registration Fee: €

PROCEDURE OF PAYMENT

Via bank transfer, payable to ÖGP/IAP Austria, ref: "ÖGP-SGPath-Joint Meeting 2010"
Prof. Dr. Felix Offner

Account Number: 12 491076 011

Hypo Landesbank Vorarlberg

BLZ 58000

IBAN: AT175800012491076011

BIC: HYPVAT2B

**IN CASE OF REGISTRATION ON SITE
ONLY CASH (EURO/CHF) CAN BE ACCEPTED!**

CANCELLATION and REFUND

Before	October 29, 2010	refund of the fee - € 25.– administrative and handling fee
After	October 29, 2010	no refund possible

Please submit your written refund requests to the Conference Secretariat:

Frau Christine Schneider, c/o Institut für Pathologie LKHF

Carinagasse 47, A-6800 Feldkirch, Austria,

E-mail: pathologie@lkhf.at

Your refund request must contain name, account number and bank-code (IBAN and SWIFT) of participant.

I signify my agreement to be bound by the conditions of payment and cancellation.

.....
Date

.....
Signature

ACCOMMODATION

The congress secretariat does not organize hotel accommodations.

Participants are kindly requested to book directly at:

<http://www.vorarlberg.nethotels.com/pathologiekongress10/search.htm?Rekursiv=Y>

or <http://www.vorarlberg.nethotels.com/pathologiekongress10/english/search.htm?Rekursiv=Y>