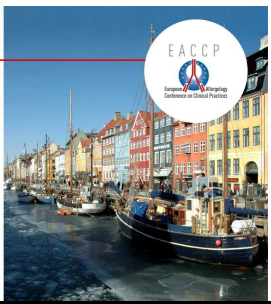


EACCP 2011

European Allergology Conference on Clinical Practices 2011

May 5-8, 2011 | Copenhagen Marriott Hotel, Denmark



Registration Form (One form per active participant) <http://www.paragon-conventions.net/eaccp2011>

Mr. Mrs. Prof. Dr.

Family Name (please underline) / First Name, Initials

Institute Company University

Department

Please return before to:

EACCP 2011
 c/o Paragon Conventions
 18, Avenue Louis-Casai
 1209 Geneva, Switzerland
 Tel: +41-22-5330-948
 Fax: +41-22-5802-953
 E-Mail: syona@paragon-conventions.com

Medical Specialty _____ Street, No _____

City _____ P.O. Box _____ Postal Code / Zip Code _____

Country _____ State / County (where applicable) _____ E-mail _____

Business phone No. _____ Mobile phone No. _____ Fax _____

Accompanying Guest: Name _____

The Conference participants' mailing list may be forwarded to other companies. If you do not wish your mailing details to be used then please mark below:
 I do not wish my mailing details to be used for the purpose mentioned above.

Registration Type	Pre-Registration	Late and on-site registration
	Prior to March 31, 2011	From April 1, 2011 and On-Site
Individual registration fee*	€ 500	€ 600
Residents in Allergology / Respiratory Diseases / Primary Care Medicine / Students*	€ 150	€ 150
Accompanying Person ¥*	€ 70	€ 90

*All registration fees are quoted in Euro (€). Payment in any other currency will not be accepted. Total Fees € _____

¥ The registration fee includes admission to the lunches and coffee breaks, access to the exhibition. Accompanying persons will not be allowed to attend the scientific sessions or satellite symposia.

All registration types (except accompanying persons) include: access to plenary sessions, satellite symposia, exhibition, conference lunches and coffee breaks, a conference kit including the conference bag, badge, and course program. Hotel accommodation, transportation and social events are NOT included in the above individual registration fee.

The total amount will be paid as follows:

Credit Card: Visa MasterCard American Express Diners

No _____ Date of expiration _____ CVV2 Code _____

Name as shown on Card: _____ Passport No. _____

If the card holder is not the person participating, please provide us with a written confirmation from the card holder and a copy of his/her passport.
 Bank transfer: Reference: EACCP 2011, Account no: 0240-459284.04A, Iban: CH330024024045928404A, Swift: UBSWCHZH12A. Currency: Euro
Bank charges are the responsibility of the customer & should be paid at source in addition to the registration fees. Please forward a copy of the bank transfer confirmation by fax/email.

Cancellation Policy

Refund of registration fees will be made as follows:
 Up to 90 days prior to arrival-full refund less bank charges
 Up to 60 days prior to arrival-cancellation charge of €50
 Less than 60 days prior to arrival-no refund

Date: _____ Signature: _____