



3rd European Conference on Viral Diseases

May 14 – 16, 2004, University Hospital of Regensburg

Please return this form before **April 30, 2004** to:

Congress Organisation
C. Schäfer
Franz-Joseph-Str. 38
D-80801 München

or by fax: +49/(0)89/307 10 21
or via www.convir.de

Deadline: April 30, 2004

Anmeldeformular/Conference Registration Form

Please complete this section carefully. The information you provide will help us to correspond with you efficiently and ensure that your name will appear correctly on your conference badge. Please fill in capital letters.

Prof. Priv.-Doz. Dr. Mrs Mr

First name, last name: _____

Institution: _____

Address: _____

Address: _____

Phone/Fax/e-mail: _____

Do you have submitted an abstract? yes no

Tagungsgebühr / Registration Fee

	registration <u>and</u> payment	
	before April 5, 2004	after April 5, 2004
Member of the organizing societies	<input type="checkbox"/> EUR 80.–	<input type="checkbox"/> EUR 100.–
Non member	<input type="checkbox"/> EUR 110.–	<input type="checkbox"/> EUR 130.–
AiP, physician in training (certification is necessary)	<input type="checkbox"/> EUR 40.–	<input type="checkbox"/> EUR 40.–
Student (certification is necessary)	<input type="checkbox"/> EUR 25.–	<input type="checkbox"/> EUR 25.–
Rahmenprogramm/Social Program Minoritenkirche and Stadtmuseum	<input type="checkbox"/> one person	<input type="checkbox"/> two persons

A refund of EUR 30.– will be given for all presenting authors of accepted abstracts. In addition, a full refund of the registration fee will be given for the presenting authors of the ten abstracts with the highest rating. Refunds will be paid out on site.

Please transfer the conference fee before **April 30, 2004** to
Congress Organisation C. Schäfer
Bank: HypoVereinsbank Munich
Bank code: 700 202 70, account-no: 39 61 13 40
IBAN: DE30 7002 0270 0039 6131 40
Swift (BIC) HYVEDEMMXXX

Date, Signature