

REGISTRATION FORM

Please fill in the form in capital letters and send it per fax to
con gressa GmbH +49 30 2809 2763

Please fill in all fields marked with *

1. General Data Participant

Mr.

Mrs.

Academic Title

First Name *

Last Name *

Company / Organisation

Street No. *

Postal Code *

City *

Country *

E-Mail *

Phone (+ country + area code)

Fax (+ country + area code)

2. Conference Fees

Early Registration Fee
(not later than 01.04.2005)

390 Euro

Early Registration Fee for
Students
(not later than 01.04.2005)

250 Euro

Late Registration Fee
(after 01.04.2005)

490 Euro

Late Registration Fee for
Students
(after 01.04.2005)

300 Euro

Please fill in your Name here once more:

3. Credit Card Payment

Credit card type

Visa

Mastercard

Card holder

Card No.

Verification code

(last three digits above your signature on the back side of your card)

Valid until

I authorise con gressa GmbH to charge my credit card with the above mentioned amount:

Signature, date

4. Social Event Participation

There will be a special dinner in the evening of April 25th.

Will you join the dinner?

Yes

No