

Registration Form
Vienna Futuresymposium, 08. – 10. February 2007, AKH Hörsaalzentrum

Please fill out with block letters and send or fax it back to:
 Vienna Futuresymposium, c/o Vienna Medical Academy, Alserstr. 4, A-1090 Vienna, Austria
 Fon: +43-1-405 13 83 11, Fax: +43-1-407 82 74, e-mail: b.kamolz@medacad.org

First Name:
Last Name:
Title:
Institute/Hospital:
Street:
Code:
City:
Tel:
Fax:
e-mail:

Fee paid:	before 1st Dec. 2006	after 1st Dec. 2006
Teilnehmer	<input type="radio"/> EUR 150,-	<input type="radio"/> EUR 200,-
Residents	<input type="radio"/> EUR 100,-	<input type="radio"/> EUR 150,-
Students:	<input type="radio"/> free	<input type="radio"/> free

I would like to attend the Dinner at
 Friday, 09th February 2007.

..... Persons (Accompanying persons: EUR 20,- p. P.)

Payment Modalities

I will pay via:

Banktransfer: Erste Bank, IBAN AT3020111 300031-08036, BIC: GIBAATWW
 Account Name: Zukunftssymposium (free of charge for the beneficiary!)

Creditcard:

VISA Mastercard/Eurocard Diners Club

Card Number: _____ / _____ / _____ / _____

Expiry Date: ____ / ____ Amount: EUR _____

Date: _____ Cardholder: _____

Signature: _____