

INDIVIDUAL REGISTRATION FORM - PRE-CONGRESS COURSES - ESHRE 2009

1. PARTICIPANT'S DETAILS

First name:
Family name:
Department:
Institute:
Postal address:
Postcode: City:
Country:
Tel: Mobile:
Fax: E-mail:

2. INVOICING ADDRESS

(COMPLETE ONLY IF INVOICING ADDRESS IS DIFFERENT FROM PARTICIPANT'S ADDRESS!)

Please note that registrations have to be accompanied by appropriate payment. An invoice confirming payment will be sent afterwards. Please complete this section, in case the invoicing address is different from the participant's address.

First name:
Family name:
Department:
Institute:
Postal address:
Postcode: City:
Country:
Tel: Fax: E-mail:

3. REGISTRATION (PLEASE TICK ONE)

Tick ONE Pre-congress course of your choice.

- course 1: Paramedical pre-congress course (*number of participants is limited to 87*)
- course 2: From gamete to heartbeat: the missing link (*number of participants is limited to 266*)
- course 3: Mild stimulation strategies in IVF (*number of participants is limited to 205*)
- course 4: Endometriosis and infertility. Ovarian and endometrial factors (*number of participants is limited to 87*)
- course 5: Alternatives for the production of pluripotent stem cells (*number of participants is limited to 85*)
- course 6: Latest developments in preimplantation genetic diagnosis (*number of participants is limited to 87*)
- course 7: Counselling in fertility treatment: changing content and measuring effectiveness (*number of participants is limited to 87*)
- course 8: Evaluation of the man in the infertile couple (*number of participants is limited to 90*)
- course 9: Diagnostic and operative hysteroscopy in reproductive medicine (*number of participants is limited to 85*)
- course 10: Assisted reproductive technologies for the older couple (ASRM Pre-congress course) (*number of participants is limited to 85*)
- course 11: ESHRE Journals course for authors (*number of participants is limited to 85*)

(continued overleaf....)

4. COURSE FEES
(ALL FEES ARE IN EURO)

	Member of ESHRE	non-Member of ESHRE	Student or Paramedical member of ESHRE	Student or Paramedical non-Member of ESHRE*
Before 15 April 2009	<input type="checkbox"/> 230,-	<input type="checkbox"/> 350,-	<input type="checkbox"/> 120,-	<input type="checkbox"/> 230,-
After 15 April 2009	<input type="checkbox"/> 350,-	<input type="checkbox"/> 460,-	<input type="checkbox"/> 230,-	<input type="checkbox"/> 350,-
After 10 June 2009	<input type="checkbox"/> 460,-	<input type="checkbox"/> 580,-	<input type="checkbox"/> 350,-	<input type="checkbox"/> 460,-

IMPORTANT NOTICE!

**“Student” applies to undergraduate, graduate and medical students, residents and post-doctoral research trainees. “Paramedical” applies to support personnel working in a routine environment such as nurses and laboratory technicians. Registrations for student and paramedical must be accompanied by a letter from the Head of the Department to prove their status. REGISTRATIONS WITHOUT ACCOMPANYING LETTER WILL NOT BE ACCEPTED AND SUBSEQUENTLY LOW FEES WILL NOT BE VALIDATED. WHEN LETTERS CERTIFYING STUDENT OR PARAMEDICAL STATUS ARE SENT AFTER THE 15 APRIL DEADLINE, LATE FEES WILL BE APPLICABLE EVEN WHEN REGISTRATION FORMS ARE RECEIVED BEFORE THE DEADLINE. Registrations can only be validated and confirmed when accompanied by payment. Early rates (i.e. before 15 April 2009) only apply when registration AND payment are received BEFORE 15 April 2009. When registrations AND payments are received AFTER 15 April 2009 or AFTER 10 June 2009, then the corresponding late fees will automatically apply.

5. PAYMENT

The total amount of Euro will be paid by:

Bank transfer into the ESHRE account

- for international transfers use IBAN n° BE61 5522 5209 0217 of DEXIA Bank, Pachecolaan 44, 1000 Brussels, Belgium / BIC = GKCCBEBB

- for national Belgian transfers use n° 552-2520902-17

Please fax a copy of the bank transfer to the ESHRE Central Office: +32 (0)2 269 56 00

I would like to pay with credit card. Please complete the following information:

American Express

Eurocard/Mastercard

Visa

Card owner: Name:..... Initials:.....

Card number:..... Expiry date:.....(month) (year)

Signature:..... Date:.....

COMPLETED AND SIGNED REGISTRATION FORM MUST BE SENT TO:
ESHRE CENTRAL OFFICE, Meerstraat 60 - 1852 Grimbergen - Belgium
Fax: +32 - (0)2 269 56 00
ON-LINE REGISTRATION IS ALSO POSSIBLE! - www.eshre.com