

Registration ADVANCED MRI 2011, May 4-7vermed G.m.b.H., St. Peter-Pfarrweg 34/11/47, 8042 Graz, Austria
FAX: ++43-316/42 60 71, e-mail: office@vermed.at Mr. / Mrs. Last name: First name:

Address:

Zip (postal) code and city: Country:

Telephone: FAX:

E-mail:

For AUSTRIAN participants ONLY: ÖÄK-Nummer*: Geburtsdatum: **!!! * Sie können Ihre ÖÄK-Nummer unter <http://abfrage.aerztekammer.at> abfragen !!!****FORM OF PAYMENT**

-
- BANK TRANSFER**
- to acc. no. 79360063 (ADVANCED MRI 2011) at Österreichische Postsparkasse (bank code 60000)
-
- Swift Address: OPSKATWW, IBAN-Code: AT57 6000 0000 7936 0063

Amount transferred	Payment before April 1 st 2011	Payment after April 1 st 2011
Regular fee:	<input type="checkbox"/> € 750,-	<input type="checkbox"/> € 850,-
Colleagues in residency:	<input type="checkbox"/> € 600,-	<input type="checkbox"/> € 700,-

Application for the special rate must be accompanied by the required official document.

-
- Eurocard/Mastercard

-
- Visa

CREDIT CARD

NO:

VALID THRU:

Name of card holder:

Signature (of card holder):

Upon receipt of both a valid registration form and payment, a confirmation of registration will be sent.

Date:

Participant's signature:

Hotel reservationReturn this form to: **Graz Tourism, Barbara Kollmann, Messeplatz 1, A-8010 Graz, Austria, Tel.: ++43-316 / 8075-49, Fax: ++43-316 / 8075-55 E-mail: km@graztourismus.at, www.graztourismus.at**

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Last name: First name:

Address:

Zip (postal) code and city: Country:

Phone: Fax: E-mail:

Please reserve single rooms

..... double rooms

SINGLE ROOMA € 165 – € 185B € 120 – € 145C € 65 – € 85D € 45 – € 60**DOUBLE ROOM**A € 205 – € 240B € 160 – € 205C € 95 – € 120D € 70 – € 80Listed prices are given in EURO (€) per room/night and include all taxes and breakfast. In case there is no room available in the required category please book a room in a higher category lower category

Date of arrival: Time: Date of departure:

I shall arrive by private car train airplaneTo **guarantee your reservation** please kindly provide the following information:

-
- Eurocard/Mastercard
-
- Visa
-
- Diners Club
-
- American Express

CREDIT CARD

NO:

VALID THRU:

Your signature will confirm the agreement of the **cancellation terms** (see overleaf).

Signature (of card holder):

Date:

Signature: