

The 9th International Symposium on GnRH
The hypothalamic-pituitary-gonadal axis in cancer and reproduction
February 10-12, 2008, Berlin, Germany

REGISTRATION AND ACCOMMODATION FORM

Please PRINT in BLOCK LETTERS and FAX, EMAIL or AIRMAIL to:

KENES *International*
CARES FOR YOUR ORGANIZATION

Registration and Accommodation Dept.
1-3 rue de Chantepoulet, CH-1211 Geneva 1, Switzerland
Tel: +41 22 908 0488
Fax: +41 22 732 2850
E-mail : reg_gnrh@kenes.com

Identification

Please complete this section accurately. The information you provide will allow us to correspond with you efficiently.

Participant (Please TYPE or PRINT IN BLOCK LETTERS)

_____ Initials _____ First Name _____
Family Name

Title Prof. Dr. Mr. Mrs. Ms.

Mailing Address Office Residence

_____ Dept. _____
Institute

_____ Suite/Apt. _____
No. Street

_____ Country Postal code/ Zip code _____
City State/Province

_____ Fax: Country code/city code/number _____
Telephone (office hours) Country code/city code/number

_____ E-mail Address: _____

You and Your Privacy

Please note that companies may be offered the opportunity to hold Satellite Symposium at this specific event. As a Congress registrant, your mailing details may be forwarded to companies organizing Satellite Symposia. Companies receiving your mailing details will be permitted to use your details one time only for the purpose of sending you Satellite Symposia invitations. Under the Laws of Privacy, you are entitled to object at any time to the processing and usage of your mailing details.

I DO NOT wish my details to be forwarded to companies organizing satellites.

REGISTRATION FEES:

	Until November 30, 2007	From December 1, 2007 until February 3, 2008	From February 4, 2008 and Onsite
Participant	<input type="checkbox"/> € 520	<input type="checkbox"/> € 580	<input type="checkbox"/> € 630
Students/ Interns/ Nurses*	<input type="checkbox"/> € 250	<input type="checkbox"/> € 300	<input type="checkbox"/> € 350

*Participants registering as Students/ Interns/ Nurses must provide a letter from their head of department to support their application for a reduced rate.

ACCOMMODATION:

Please indicate your room preference: Accommodation at special Symposium rates are available as follows:

Hotel	Category	Single Room	Double Room
InterContinental Berlin: Superior Room	*****	<input type="checkbox"/> € 195	<input type="checkbox"/> € 215
InterContinental Berlin: Delux Room	*****	<input type="checkbox"/> € 210	<input type="checkbox"/> € 230
InterContinental Berlin: Junior Suite	*****	<input type="checkbox"/> € 220	<input type="checkbox"/> € 240
InterContinental Berlin: Superior Clubfloor	*****	<input type="checkbox"/> € 230	<input type="checkbox"/> € 250

All rates are per room in Euro, per night and inclusive of VAT and breakfast.

No Accommodation Required

Name: _____

HOTEL RESERVATION:

When booking, please complete this hotel reservation form and return to Kenes International, no later than February 5, 2008. Requests will be accepted thereafter, however, hotel accommodation is subject to availability, and cannot be guaranteed. **After this deadline, bookings are only possible against full payment by credit card.**

Type of room required Single Double* Other

_____	_____	_____
Check In	Check out	Total night/s

1st room choice: _____ 2nd room choice: _____

* I will share my accommodation with: _____

PAYMENT:

Please indicate the amount enclosed and preferred method of payment. Ensure that you send your fully completed registration and accommodation form together with your payment:

Registration Fees Euro: _____

Deposit for Hotel Accommodation Euro: _____ (1 night deposit)

Total: Euro: _____

 Option 1: Credit Card : Visa MasterCard Diners Amex (Charges will be made in US\$)

_____	_____	_____
Card Number	Expiry Date (month/year)	

Name as shown on card:

_____	_____
Family Name	First Name

Signature: _____

Option 2: Bank Transfer - with your name and address indicated on the reverse. If payment is made for more than one person or by a company please make sure all names are indicated and send fully completed registration and accommodation forms together with a copy of the bank transfer. Please make drafts payable to: GnRH 2008, Credit Suisse Geneva, 1211 Geneva 70, Switzerland. Account Number 693980-52-95, Swift Code: CRESCHZZ12A, IBAN Number: CH13 0425 1069 3980 5209 5.

Bank charges are the responsibility of the payee and should be paid at source in addition to the registration and accommodation fees.

 Option 3: Cheque made payable to: "GnRH 2008"

Enclosed cheque number: _____ Bank : _____

Cancellation Policy- Registration:**All cancellations must be faxed, electronically mailed or post-marked:**

Full refund less Euro 50 providing notification is received in writing before November 30, 2007.

50% refund if notification is received between December 1, 2007- January 10, 2008.

No Refund if notification is received from January 10, 2008.

Cancellation Policy- Hotel Accommodation:

Rooms cancelled prior to 15 days before arrival: full refund less bank charges.

Rooms cancelled between 14-7 days prior to arrival: 1 nights cancellation charge.

Rooms cancelled less than 6 days prior to arrival: no refund.

All changes or cancellations have to be made in writing to Kenes International. Please do not contact hotel directly.

Date: _____ Signature: _____

By signing this form you authorize KENES INTERNATIONAL to charge the above credit card for the balance of your account 14 days prior to your arrival for services ordered.