

**6<sup>th</sup> INTERNATIONAL CONGRESS ON AUTOIMMUNITY  
Porto, Portugal, September 10-14, 2008**

**REGISTRATION AND ACCOMMODATION FORM**

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

**KENES International**

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\_autoimmunity@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. **Year of birth** [YYYY] \_\_\_\_\_

**Office Address** \_\_\_\_\_ **E- Mail Address** \_\_\_\_\_ @ \_\_\_\_\_

\_\_\_\_\_ Dept. \_\_\_\_\_  
Institute

\_\_\_\_\_ Suite/Apt. \_\_\_\_\_  
No. Street

\_\_\_\_\_ Postal code \_\_\_\_\_  
City State/Province Country

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

**Mailing Address** (if different from the above)

\_\_\_\_\_ Address line 1

\_\_\_\_\_ Address line 2

\_\_\_\_\_ Postal code \_\_\_\_\_  
City State/Province Country

**You and Your Privacy**

Please note that companies may be offered the opportunity to hold Satellite Symposia 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**

	<b>Early Until June 26, 2008</b>	<b>Late From June 27, 2008</b>	<b>On site From September 2, 2008</b>
Participants – Physicians and Scientists	<input type="checkbox"/> € 400	<input type="checkbox"/> € 470	<input type="checkbox"/> € 540
Residents *	<input type="checkbox"/> € 300	<input type="checkbox"/> € 340	<input type="checkbox"/> € 380
Teaching Course (Half day)	<input type="checkbox"/> € 100	<input type="checkbox"/> € 100	<input type="checkbox"/> € 120
Farewell Dinner		<input type="checkbox"/> € 75	
Additional ticket for the opening session and welcome reception		<input type="checkbox"/> € 40	

\*Refers to non-tenured junior scientists. Registration form must be accompanied by a letter from their head of department confirming their status.

<b>Institution type</b>	<b>Professional role</b>	<b>Expertise</b>	<b>Interest</b>
<input type="checkbox"/> Hospital <input type="checkbox"/> University <input type="checkbox"/> Private practice <input type="checkbox"/> Research institute <input type="checkbox"/> Industry <input type="checkbox"/> Press <input type="checkbox"/> Comprehensive Care Clinic <input type="checkbox"/> Government agency <input type="checkbox"/> Other _____	<input type="checkbox"/> Clinical practitioner <input type="checkbox"/> Clinician researcher <input type="checkbox"/> Basic science researcher <input type="checkbox"/> Epidemiology/Statistics <input type="checkbox"/> Nurse/Healthcare practitioner <input type="checkbox"/> Health administrator <input type="checkbox"/> Industry/Corporate professional <input type="checkbox"/> Other _____	<input type="checkbox"/> Rheumatology <input type="checkbox"/> Immunology <input type="checkbox"/> Allergology <input type="checkbox"/> Internal Medicine <input type="checkbox"/> Microbiology / Virology <input type="checkbox"/> Molecular Cell Biology <input type="checkbox"/> Genetics <input type="checkbox"/> Biochemistry <input type="checkbox"/> Hematology <input type="checkbox"/> Nephrology <input type="checkbox"/> Dermatology <input type="checkbox"/> Endocrinology <input type="checkbox"/> Neurology <input type="checkbox"/> Gastroenterology <input type="checkbox"/> Pharmacology <input type="checkbox"/> Other _____	<input type="checkbox"/> Neurological aspects <input type="checkbox"/> Infectious diseases <input type="checkbox"/> Vaccines <input type="checkbox"/> Paediatric aspects <input type="checkbox"/> Allergies <input type="checkbox"/> Diabetes type 1 <input type="checkbox"/> Arthritis <input type="checkbox"/> Genetics <input type="checkbox"/> Metabolic disorders <input type="checkbox"/> Hepatobiliary Diseases <input type="checkbox"/> Immuno-suppression <input type="checkbox"/> Pregnancy <input type="checkbox"/> Geriatric aspects <input type="checkbox"/> Hypertension <input type="checkbox"/> Cancer <input type="checkbox"/> Immunopharmacology <input type="checkbox"/> Other _____

