

4th International Symposium on Diabetes and Pregnancy

Istanbul, Turkey March 29-31, 2007

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.
 17 Rue du Cendrier, P.O Box 1726
 Ch-1211 Geneva 1
 Tel: +41 22 908 0488 Fax: +41 22 732 2850
 Web site: www.kenes.com/dip07
 E-mail: reg_dip@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
 Family Name

_____ First name

Title Prof. Dr. Mr. Mrs. Ms.

Please choose your correspondent category:

- Gynecology
- Obstetrics
- Endocrinology and Diabetes
- Basic Science
- Neonatology
- Midwives
- Other _____

Mailing Address Office Residence

_____ Dept.

_____ Suite/Apt.

_____ Country Postal code

_____ Fax: Country code/city code/number

_____ E-Mail Address

REGISTRATION FEE (Deadline for Registration is)

Category	Early Registration Before February 01, 2007	After February 02, 2007
Regular Participants	<input type="checkbox"/> € 370	<input type="checkbox"/> € 430
Residents/Midwives	<input type="checkbox"/> € 230	<input type="checkbox"/> € 290
Accompanying Person	<input type="checkbox"/> € 100	<input type="checkbox"/> € 125

