

European Brain Policy Forum

February 27-28, 2008, Brussels, Belgium

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.
Kenes International SA
1-3, rue de Chantepoulet
P.O.Box 1726
CH-1211 Geneva 1, Switzerland
Tel: +41 22 908 0488
Fax: +41 22 732 2850
E-mail : reg_ebp2008@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)

Family Name Initials First name

Title Prof. Dr. Mr. Mrs. Ms.

Mailing Address Office Residence

Institute Dept.

No. Street Suite/Apt.

City State/Province Country Postal code

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

E-Mail Address: _____@_____

Registration Fees

	Early Registration fees Until December 31, 2007	Late Registration fees, From January 1, 2008
Participant	<input type="checkbox"/> € 200	<input type="checkbox"/> € 250
Patients	<input type="checkbox"/> € 200	

Please indicate your area of expertise

- Patients/patient representative/carer
- Clinician/researcher
- Healthcare professional
- Policy/decision maker
- Ethicists
- Biomedical industry
- General public or other (pls describe)_____

Last Name _____

EBC 2008

ACCOMMODATION:

For hotel options and special rates, please visit www.resotel.be/brain

In order to reserve your accommodation please contact natasha@resotel.be

PAYMENT

Please indicate the amount enclosed and preferred mode of payment. Ensure that you send your fully completed Registration and Accommodation Form together with your payment:

Registration Fees Euro _____

Total: Euro _____

Option 1: Credit Card .

Visa MasterCard Diners Amex

Number: _____ Expiry Date (month/year) _____

Name as shown on card:

Family Name: _____ First name: _____

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 Forms together with a copy of the bank transfer. Please make drafts payable to "EBC 2008 ", Bank Account - Credit Suisse Bank Geneva, 1211 Geneva 70, Switzerland
Bank code: 4835, Swift No: CRESCHZZ12A, IBAN No CH05 0483 5069 3980 5213 9, Account: 0251-693980-52-139 Bank charges are the responsibility of the participant and should be paid at source in addition to the registration and accommodation fees.

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

Enclosed cheque number: _____ Bank: _____

CANCELLATION POLICY – REGISTRATION

All cancellations must be faxed, electronically mailed or post-marked:

Refund of registration fees will be as follows:

Postmarked before December 31, 2007 – 100% refund (minus €50 handling fee)

Postmarked from January 1, 2008 – 50% refund

No refund on cancellations sent after January 28, 2008

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

Date _____ Signature _____