

**24th Annual Meeting of the
EUROPEAN SOCIETY FOR PAEDIATRIC INFECTIOUS DISEASES -
ESPID**

Basel, Switzerland, May 3-5, 2006

**REGISTRATION AND ACCOMMODATION FORM
SUPPORT FOR DEVELOPING COUNTRIES**

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

E-mail: reg_esp2006@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.

Mailing Address Office Residence

_____ Dept.
Institute

_____ Suite/Apt.
No. Street

_____ Postal code
City State/Province Country

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

E-Mail Address

Accompanying persons

List the individuals registering for the Accompanying Person's Program

_____ Title
Family Name First Name

REGISTRATION FEES

Package	<input type="checkbox"/> € 300
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