

**TPE 2008 - Therapeutic Patient Education including the 4th International DAWN Summit
November 5-8, 2008, Budapest, Hungary**

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_tpe2008@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 <input type="checkbox"/> Prof. <input type="checkbox"/> Dr. <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. Year of birth [YYYY] _____		

Office Address _____ E- Mail Address _____@_____

_____		_____	
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 _____	

Mailing Address (if different from the above)

Address line 1			

Address line 2			

City _____	State/Province _____	Country _____	Postal code _____

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:

	Early Until August 20, 2008	Late From August 21, 2008	On Site from October 29, 2008
Participants - physicians and scientists	<input type="checkbox"/> € 380	<input type="checkbox"/> € 430	<input type="checkbox"/> € 470
Residents*, nurses, dieticians, psychologists, social workers	<input type="checkbox"/> € 300	<input type="checkbox"/> € 350	<input type="checkbox"/> € 370
Workshop # _____	<input type="checkbox"/> € 20		<input type="checkbox"/> € 35
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.

4th International DAWN Summit

I would like to register for the 4th International DAWN Summit on Thursday, November 6, 2008 (at no extra charge).

Institution type <i>Choose one</i>	Professional role <i>Choose one</i>	Expertise <i>Choose one</i>	Interest <i>Choose two</i>
<input type="checkbox"/> Hospital <input type="checkbox"/> University <input type="checkbox"/> Comprehensive Care Clinic <input type="checkbox"/> Private Practice <input type="checkbox"/> Research Institute <input type="checkbox"/> Government Agency <input type="checkbox"/> Industry <input type="checkbox"/> Press <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"/> Student <input type="checkbox"/> Other - please specify below	<input type="checkbox"/> Endocrinology <input type="checkbox"/> Rheumatology <input type="checkbox"/> Internal Medicine <input type="checkbox"/> Anesthesiology <input type="checkbox"/> Neurology <input type="checkbox"/> Cardiology <input type="checkbox"/> Other- please specify below	<input type="checkbox"/> Cardiovascular disease <input type="checkbox"/> Diabetes <input type="checkbox"/> Epilepsy <input type="checkbox"/> Geriatric aspects <input type="checkbox"/> Hypertension <input type="checkbox"/> Lipid disorders <input type="checkbox"/> Metabolic disorders <input type="checkbox"/> Muscle Disorders <input type="checkbox"/> Neurological aspects <input type="checkbox"/> Neuropathic pain <input type="checkbox"/> Non-dementing degenerative disorders <input type="checkbox"/> Nutrition <input type="checkbox"/> Obesity <input type="checkbox"/> Paediatric aspects <input type="checkbox"/> Pain management <input type="checkbox"/> Parkinson's disease <input type="checkbox"/> Thyroid disorders <input type="checkbox"/> Other- please specify below

ACCOMMODATION:

Hotel Name	Category	Single room	Double room	Distance to Venue
Sofitel Budapest	*****	€170	€190	15 minutes driving
Novotel Congress Center	****	€145	€160	Congress Venue
Gellert	****	€145	€160	10 minutes driving
Mercure Buda	****	€120	€140	10 minutes driving

All rates are per room, per night and include VAT and breakfast. Early reservation is highly recommended!

RESERVATION:

Reservations will only be confirmed if credit card details are fully supplied; alternatively, please forward a deposit of 1 night's accommodation per room in order to guarantee your accommodation. Each participant will receive an individual confirmation, indicating the name and address of the hotel. The booking will be final upon receipt of the corresponding deposit.

Type of room required Single Double* Other

Check In _____

Check out _____

Total night/s _____

* I will share my accommodation with: _____

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 _____

Farewell Party Euro _____

Deposit for Hotel Accommodation Euro _____ (deposit of 1 night's accommodation)

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 and Accommodation Forms together with a copy of the bank transfer. Please make drafts payable to "TPE 2008 ", Bank Details: Credit Suisse Bank, Geneva 70, Switzerland, Bank code: 4835, Swift No: CRESCHZZ12A, IBAN No: CH17 0483 5069 3980 5211 7, Bank Account: 693980-52-117.

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: "TPE 2008"

Enclosed cheque number: _____

Bank: _____

CANCELLATION POLICY - REGISTRATION

CANCELLATION POLICY - HOTEL ACCOMMODATION

All changes or cancellations have to be made in writing to Kenes International.

Refund of registration fees will be as follows:
 Postmarked before August 6, 2008 - 100% refund (minus € 50 handling fee)
 Postmarked from August 7, 2008 until October 1, 2008 - 50% refund
 No refund on cancellations sent after October 2, 2008.

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

Until 16 days prior to arrival (up to October 20, 2008): full refund less handling charge of € 30.
 Between 15-10 days prior to arrival (up to October 25, 2008): 1 night's cancellation charge.
 Cancellations received from October 26, 2008 - No refund.

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 _____