

# GENERAL REGISTRATION FORM

Fax this form to: ++49 6221 42 2708

*Please use CAPITAL letters*

**Attendee:**

Mr.       Mrs.       Ms.       Dr.       Prof.

Last name: \_\_\_\_\_

First name: \_\_\_\_\_

Institute /Company: \_\_\_\_\_

Department: \_\_\_\_\_

Street: \_\_\_\_\_

City: \_\_\_\_\_ ZIP: \_\_\_\_\_

Country: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

I will submit an abstract:       yes       no

**REGISTRATION FEES:**

	Until July 31, 2006	After July 31, 2006
Physicians, Physicists, others	<input type="checkbox"/> 200 Euro	<input type="checkbox"/> 300 Euro
Residents*, Students*	<input type="checkbox"/> 100 Euro	<input type="checkbox"/> 150 Euro
Industry	<input type="checkbox"/> 500 Euro	<input type="checkbox"/> 700 Euro
Workshop Dinner Oct 6	<input type="checkbox"/> 20 Euro	<input type="checkbox"/> 20 Euro
Accompanying person	<input type="checkbox"/> 20 Euro	<input type="checkbox"/> 20 Euro
* not older than 35 years, confirmation is attached	<input type="checkbox"/> yes	<input type="checkbox"/> no

**MEANS OF PAYMENT:**

Payment by credit card (VISA or MasterCard)

Card holder's name: \_\_\_\_\_

Card number: \_\_\_\_\_

Expiration date: \_\_\_\_\_

CVC number\*: \_\_\_\_\_

\* CVC – the last three digits printed on the reverse side of the card

Bank transfer (details see homepage [www.iwpfi.dkfz.org](http://www.iwpfi.dkfz.org))

**CANCELLATION CONDITIONS:**

Refund of registration fee, less 50 % administrative charges, can be applied until August 31, 2006 to the Meeting Secretariat in Heidelberg, Germany. After this date no refund will be possible. Registrants may transfer their registration to a colleague at any time. For any changes of name a fee of 30 € will be charged.

\_\_\_\_\_ I have read and accepted all the terms including the cancellation conditions.

\_\_\_\_\_  
**SIGNATURE**

\_\_\_\_\_  
**DATE**

*3<sup>rd</sup> International Workshop of Pulmonary Functional Imaging*

*October 5-7, 2006  
Heidelberg*