

Registration



Please complete and return the registration form as soon as possible.

Name: _____ Academic Title: _____
Company/Org.: _____
Address: _____
Postcode, City: _____ Country: _____
Phone: _____ Fax: _____
E-Mail: _____

Registration fee

	before	after May 1 th , 2011:
ESMB members	<input type="checkbox"/> Euro 200	<input type="checkbox"/> Euro 300
Non ESMB members	<input type="checkbox"/> Euro 400	<input type="checkbox"/> Euro 600
Students	<input type="checkbox"/> Euro 100	<input type="checkbox"/> Euro 150
Day ticket		<input type="checkbox"/> Euro 80
Conference dinner	<input type="checkbox"/> Euro 35	<input type="checkbox"/> Euro 35

Payment to IMaBi

Bank transfer

Sparkasse Vorpommern,
Bank Code: 15050500, Account No.: 232007012

Please include a copy of the bank transfer receipt.

Credit card



Card No.

Card expiry date (M/Y)

Card holder's name