

EWMA 2010
26-28 May 2010, Geneva, Switzerland

REGISTRATION FORM DANISH PARTICIPANTS PAYING BY DANKORT or VISA/Dankort

Participant:

Please use **BLOCK CAPITALS** when completing this form!

Last name:

First name(s):

Institution:

Street address:

Postal code

City:

Country:

Phone:

Fax:

E-mail:

REGISTRATION FEES <i>(All in EUR and per person)</i>		DKK	Total DKK
EWMA Member	<i>Before 15 March 2010</i>	2794	
EWMA Member	<i>Between 15 March 2010 and 1 May 2010</i>	3166	
EWMA Member	<i>After 1 May 2010</i>	3539	
NON-Member	<i>Before 15 March 2010</i>	3353	
NON-Member	<i>Between 15 March 2010 and 1 May 2010</i>	3725	
NON-Member	<i>After 1 May 2010</i>	4098	
1 Day registrations	<input type="checkbox"/> 26/5 <input type="checkbox"/> 27/5 <input type="checkbox"/> 28/5 <i>Before 15 March 2010</i>	1863	
1 Day registrations	<input type="checkbox"/> 26/5 <input type="checkbox"/> 27/5 <input type="checkbox"/> 28/5 <i>Between 15 March 2010 and 1 May 2010</i>	2049	
1 Day registrations	<input type="checkbox"/> 26/5 <input type="checkbox"/> 27/5 <input type="checkbox"/> 28/5 <i>After 1 May 2010</i>	2421	
Accompanying persons		745	
Conference dinner	<input type="checkbox"/> Yes, I will attend, please tick	596	

TOTAL DKK _____

PAYMENT

Credit Card: VISA/Dankort Dankort

Card No.

_____ Exp. Date _____

Validation Code _____

Name of cardholder *(Please PRINT!)*: _____

Date: _____ Signature of Cardholder: _____

Please return this form to:
EWMA Secretariat, Martensens Allé 8, DK 1828 Frederiksberg C
Fax: + 45 7020 0315