

**13<sup>TH</sup> SCIENTIFIC MEETING OF THE EUROPEAN SOCIETY OF  
CHEMOTHERAPY / INFECTIOUS DISEASES  
03.12.2008 – 06.12.2008, VIENNA, AUSTRIA**

**CONGRESS REGISTRATION FORM**

*Please use block letters and return this form by mail or fax at your earliest convenience, but no later than November 14<sup>th</sup>, 2008.*

**ESCID 2008 Vienna**  
**c/o Vienna Medical Academy**  
**Att. Hedwig Schulz**  
**Alser Strasse 4**  
**A – 1090 Vienna, Austria**

**Fax.: +43 (0)1 407 82 74**

**PERSONAL DATA:**

Title:.....	First Name:.....	Family Name: .....
Univ./Hosp.: .....		
Dept.: .....		
Street:.....		
ZIP:.....	City:.....	Country:.....
Phone:.....		Fax:.....
e-mail:.....		

**REGISTRATION FEE** *(Please check the appropriate item)*

Payment received	Payment before September 30 <sup>th</sup>	Payment after September 30 <sup>th</sup>
Members	<input type="checkbox"/> € 100.-	<input type="checkbox"/> € 120.-
Non-Members	<input type="checkbox"/> € 130.-	<input type="checkbox"/> € 150.-
Accompanying Persons	<input type="checkbox"/> € 60.-	<input type="checkbox"/> € 80.-

**SOCIAL EVENTS**

<input type="checkbox"/> <b>Wednesday, December 3<sup>rd</sup>, 2008: Welcome Cocktail at the Billrothhaus</b> <i>Included in the registration fee and the accompanying person's fee but registration is mandatory*</i>	..... Number of persons
<input type="checkbox"/> <b>Thursday, December 4<sup>th</sup>, 2008: Reception at the Town Hall</b> <i>Included in the registration fee and the accompanying person's fee but registration is mandatory*</i>	..... Number of persons
<input type="checkbox"/> <b>Friday, December 5<sup>th</sup>, 2008: Viennese "Heurigen" Evening</b> € 30,00 per person	..... Number of persons

The Welcome Cocktail and the Reception at the Town Hall are included in the registration fee and the accompanying person's fee. As the number of invitations is limited by the size of the locations, you are strongly recommended to register early. Registrations will be handled on a First-Come-First-Serve-Basis.

**PAYMENT MODALITIES**

<input type="checkbox"/> I made a bank transfer <b>free of charge for the beneficiary</b> to the congress account "Vienna Medical Academy – ESC 2008 Vienna", Account No. 28627496328, at the ERSTE Bank, Bank Code 20 111, BIC/SWIFT: GIBAATWW, IBAN: AT3020111128627496328
<input type="checkbox"/> I enclose a Bank Cheque without charge to the beneficiary, payable to "ESC 2008 Vienna" c/o Vienna Medical Academy
<input type="checkbox"/> Please charge my credit card: <input type="checkbox"/> VISA <input type="checkbox"/> Mastercard <input type="checkbox"/> Diners Club
Card No.:...../...../...../.....                      Expiry Date:.....
Name and Signature of Cardholder:.....

Date:..... Signature:.....