

## Registration form

Family Name		First name	
Title	<input type="checkbox"/> Prof <input type="checkbox"/> Dr <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss		
Affiliation			
Address			
Postal code		City	
Country		Email	
Phone		Fax	
Date of arrival	<input type="checkbox"/> <input type="checkbox"/> August 2007	Date of departure	<input type="checkbox"/> <input type="checkbox"/> August 2007
Accommodation	<input type="checkbox"/> Express by Holiday Inn Gent <input type="checkbox"/> Sofitel <input type="checkbox"/> Campanile <input type="checkbox"/> Ascona <input type="checkbox"/> Student Home <input type="checkbox"/> Other		
Accompanying person name			
Emergency contact name		phone	
Remarks:			

<b><u>Fees</u></b>	Regular	Student	
• Registration fee	€ 300	€ 175	€ _____
• Accompanying person	€ 75	€ 75	€ _____
• Student Home	<input type="checkbox"/> nights x € 21.00/night =		€ _____
<b>TOTAL</b>			<b>€ _____</b>

<b><u>Payment</u></b>			
<input type="checkbox"/> Done; date _____			
<input type="checkbox"/> Bank Transfer	<input type="checkbox"/> Visa	<input type="checkbox"/> Master Card	<input type="checkbox"/> American Express

Date:

Signature:

**Please complete this form and send it to the organising secretariat:**

By fax: +32 9 240 49 88

By mail: Ilse Anteunis - Heymans Institute of Pharmacology  
De Pintelaan 185

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By email: [Ilse.Anteunis@UGent.be](mailto:Ilse.Anteunis@UGent.be)