



September 26–29, 2010 Ljubljana, Slovenia

Under the patronage of the University Medical Center Ljubljana and the Austrian Society for Hygiene, Microbiology and Preventive Medicine (ÖGHMP)



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# CONFERENCE REGISTRATION FORM

Please return as soon as possible but no later than August 31, 2010

Please complete in CAPITAL LETTERS and return to: **ICLB2010**  
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## PERSONAL DATA

.....  
Last name First name Title

.....  
Institution/Department/Hospital

.....  
Address

.....  
ZIP Code City Country

.....  
Phone Fax E-mail

## REGISTRATION FEES (in EURO)

- Regular Fee – REDUCED EUR 410,— if registered and paid BEFORE May 31, 2010
- Regular Fee EUR 450,— if registered and paid AFTER May 31, 2010
- Resident EUR 350,— please submit proof of resident status together with your registration
- Student EUR 250,— please submit proof of student status together with your registration
- Gala Dinner EUR 35,—
- Accompanying Person\* EUR 110,— includes Welcome Reception, Gala Dinner, Coffee Breaks & Access to the Exhibition

**total** EUR .....

\* Please indicate first and last name of the accompanying person(s) here:

.....  
Last name First name Title

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 Account number: 29255396500  
 Bank sort code: 20111  
 BIC: GIBAATWWXXX  
 IBAN (International Bank Account Number): AT752011129255396500

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