

# XXIX Annual ESRA Congress Porto-Portugal, September 8-11, 2010

## ADDITIONAL FUNCTIONS FORM

Please PRINT in BLOCK LETTERS and FAX, E-MAIL or AIRMAIL to:



Tel: +41 22 908 0488  
Fax: +41 22 906 9140  
E-mail: reg\_esra2010@kenes.com

Registration and Accommodation Department  
1-3 Rue de Chantepoulet, CH-1211 Geneva 1, Switzerland

### Identification

Please complete this section accurately. The information you provide will allow us to correspond with you efficiently.

**Participant** (Please TYPE or PRINT IN BLOCK LETTERS)

\_\_\_\_\_ | \_\_\_\_\_ | \_\_\_\_\_  
Family Name | Initials | First Name

**Title**  Prof.  Dr.  Mr.  Mrs.  Ms. **Year of birth** [YYYY] \_\_\_\_\_

**E- Mail Address** \_\_\_\_\_@\_\_\_\_\_ **Mobile phone:** \_\_\_\_\_  
Country code/ mobile number

### Office Address

\_\_\_\_\_ | \_\_\_\_\_  
Institute | Dept.

\_\_\_\_\_ | \_\_\_\_\_ | \_\_\_\_\_  
No. | Street | Suite/Apt.

\_\_\_\_\_ | \_\_\_\_\_ | \_\_\_\_\_ | \_\_\_\_\_  
City | State/Province | Country | Postal code

\_\_\_\_\_ | \_\_\_\_\_  
Telephone (office hours):Country code/city code/number | Fax: Country code/city code/number

### Mailing Address (if different from the above)

\_\_\_\_\_ | \_\_\_\_\_  
Address line 1

\_\_\_\_\_ | \_\_\_\_\_ | \_\_\_\_\_ | \_\_\_\_\_  
City | State/Province | Country | Postal code

### You and Your Privacy

Please note that companies may be offered the opportunity to hold a Satellite Symposium at this specific event.

As a congress registrant, your mailing details may be forwarded to companies organizing Satellite Symposia. Companies receiving your mailing details will be permitted to use your details one time only for the purpose of sending you Satellite Symposia invitations. Under the Laws of Privacy, you are entitled to object at any time to the processing and usage of your mailing details.

- I DO NOT wish my details to be forwarded to companies organizing satellites.

### ADDITIONAL FUNCTIONS FEE:

<b>Refresher course (please make sure that you choice are not parallel courses)</b>	Please indicate the Course No. _____ <input type="checkbox"/> € 10
<b>Workshops –only 1 is allowed</b>	Please indicate the workshop No. _____ <input type="checkbox"/> € 15
<b>Ultrasound workshops – only 1 is allowed</b>	Please indicate the workshop No. _____ <input type="checkbox"/> € 15
<b>Landmark workshops – only 1 is allowed</b>	Please indicate the workshop No. _____ <input type="checkbox"/> € 15
<b>Cadaver workshops – only 1 is allowed</b>	Please indicate the workshop No. _____ <input type="checkbox"/> € 50
<b>Luncheon Sessions – 1 per day is allowed</b>	Please indicate the workshop No. _____ <input type="checkbox"/> € 30
<b>Ask the Expert</b>	Please add your question here _____

For full details to available workshops and courses, please visit our website at

<http://www2.kenes.com/esra2010/req/Pages/WorkshopRegistration.aspx>

Please indicate the amount enclosed and preferred mode of payment. Ensure that you send your fully completed form together with your payment:

Refresher courses Fees: € \_\_\_\_\_  
 Workshops Fees: € \_\_\_\_\_  
 Ultrasound workshops Fees: € \_\_\_\_\_  
 Landmark workshops Fee: € \_\_\_\_\_  
 Cadaver workshops Fees: € \_\_\_\_\_  
 Luncheon Sessions Fees € \_\_\_\_\_  
 Total: € \_\_\_\_\_

**Option 1: Credit Card**

By choosing this form of payment, your credit card will be charged on the equivalent amount of one night stay per room only as deposit, the balance being automatically charged 3 weeks prior to your arrival.

Visa  MasterCard  AMEX

Number \_\_\_\_\_

Expiry Date (month/year) \_\_\_\_\_

Name as shown on card:

Family Name \_\_\_\_\_

First name \_\_\_\_\_

Signature of Card Holder \_\_\_\_\_

**Option 2: Bank Transfer for Registration ONLY- with your name and address indicated on the reverse.** If payment is made for more than one person or by a company, please make sure all names are indicated and send fully completed registration and accommodation forms together with a copy of the bank transfer. **Please make drafts payable to Kenes International for ESRA 2010 Congress** Credit Suisse Bank Geneva, 1211 Geneva 70, Switzerland. Clearing code: 4835, SWIFT NUMBER: CRESCHZZ12A

**Account number:** 693980-52-232, **IBAN number** CH16 0483 5069 3980 5223 2

<p><u>Cancellation Policy for Registration:</u>          *Cancellations received up to June 16, 2010 - Full refund          *Cancellations received between June 17, 2010 to August 18, 2010 (inclusive) – 50% refund will be made          *After August 19, 2010 – no refunds will be made</p>
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Date: \_\_\_\_\_ Signature: \_\_\_\_\_

By signing this form you authorize Kenes to charge the above credit card for the balance of your account two weeks prior to your arrival for services to be rendered.