

4th CONGRESS OF EUROPEAN MICROBIOLOGISTS, FEMS 2011

June 26-30, 2011 – Geneva, Switzerland

REGISTRATION & ACCOMMODATION FORM

Please type in **BLOCK LETTERS** and Fax or EMAIL to:



E-mail : reg_fems11@kenes.com

Fax: +41 22 906 91 40

Tel: +41 22 908 0488

Registration and Accommodation Dept.

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 _____ City _____ Country _____ Postal code _____

Abstract Number (if applicable) _____

You and Your Privacy

Please note that companies may be offered the opportunity to hold Satellite Symposia 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 Symposia.

Registration Fees

	EARLY Until March 14, 2011	LATE From March 15 until June 20, 2011	ON SITE from June 21, 2011 onwards
Participants - Non Members	<input type="checkbox"/> € 550	<input type="checkbox"/> € 650	<input type="checkbox"/> € 700
Participants - Member Society ¹	<input type="checkbox"/> € 500	<input type="checkbox"/> € 600	<input type="checkbox"/> € 650
Participants – SSM Member	<input type="checkbox"/> € 500	<input type="checkbox"/> € 600	<input type="checkbox"/> € 650
Students ² - Non Members	<input type="checkbox"/> € 450	<input type="checkbox"/> € 500	<input type="checkbox"/> € 550
Students - Member Society ^{1&2}	<input type="checkbox"/> € 400	<input type="checkbox"/> € 450	<input type="checkbox"/> € 500
Additional Ticket to Welcome Reception		<input type="checkbox"/> € 45	
Social Event		<input type="checkbox"/> € 60	

Registration fees include 8% VAT

¹ Specify the national society on the registration form _____

² Students: participants under 30 years old at Congress start date. Students must provide a copy of their Student identification card as well as a letter from their head of department to support their application for a student rate

Please indicate type of facility where employed (choose one)

Hospital University Hospital University Private practice Research institute Industry Press Comprehensive care clinic
 Government agency Laboratory Other (please specify) _____

Please indicate your professional role (choose one)

Clinical practitioner Clinician researcher Basic science researcher Epidemiology/Statistics Nurse/Healthcare practitioner
 Health administrator Industry/Corporate professional Resident/Research Fellow Student
 Other (please specify) _____

Please indicate your area of expertise (choose one)

Microbiology / Virology Immunology & Rheumatology Molecular Cell Biology Pharmacology
 Other (please specify) _____

Please indicate your clinical interests (choose up to two)

Autoimmunity Biotechnology Environmental microbiology Epidemiology Evolutionary microbiology Food Microbiology
 Immunopharmacology Immunosuppression Industrial microbiology Infectious Diseases Medical microbiology Microbial genetics Microbial physiology Molecular Microbiology Pathobiology Pulmonary biology Soil Microbiology
 Vaccines Other (please specify) _____

Participant name _____

FEMS2011

CANCELLATION POLICY – REGISTRATION

CANCELLATION POLICY – HOTEL ACCOMMODATION

<p>Cancellations faxed or emailed:</p> <ul style="list-style-type: none">• Received up to March 15, 2011 – full refund• Received up to April 25, 2011 – 50% refund• After April 25, 2011 – no refund	<p>Cancellations Faxed or emailed:</p> <ul style="list-style-type: none">• Cancellations/changes received up to 15 days prior to arrival – full refund.• Cancellation/changes received 14-10 days prior to arrival – 1 night charge.• Cancellation/changes received less than 10 days prior to arrival – no refund.• In the event of non-arrival, the reservation will be automatically released and full payment will be non-refundable. If you arrive later or leave earlier than the dates of your confirmed booking, the total accommodation amount will be charged and no refunds will be made.
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Date _____

Signature _____

By signing this form you authorize Kenes International to charge the above credit card for the balance of your accommodation 3 weeks prior to your arrival. If you paid your deposit by bank transfer, the balance is required to be received up to 3 weeks prior to your arrival.