10th International Symposium on GnRH
Salzburg, Austria, February 6-8, 2011

REGISTRATION & ACCOMMODATION FORM

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

kenes international

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

Tel: +41 22 908 0488
Fax: +41 22 9069140
E-mail: GhRH2011_reg@kenes.com

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: (+____) - _____

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

Address line 2

City | State/Province | Country | Postal code

You and Your Privacy

Please note that companies may be offered the opportunity to hold 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

REGISTRATION FEES

Category	Early fee (up to & including November 17, 2010)	Late Fee (18 November 2010 - 23 January 2011)	On site (from 24 January, 2011)
Full Participants	€535	€595	€645
Students/Interns/Nurses	€265	€325	€375

All above fees include 20% VAT
*** In order to obtain the special fee for Students/Interns/Nurses, an approval letter signed by the head of the department confirming your status and/or a valid student card. If registered via the website, please mail to GnRH2011_reg@kenes.com or fax the letter to the attention of Mickey Shenhar.**

Abstract number (if applicable) - _____

How did you learn about this event? (Please choose one)

☐ Colleague / Co-worker ☐ Brochure ☐ E-mail Newsletter ☐ Sponsor ☐ Search Engine (i.e. Google)
☐ Society/Professional Websites ☐ Online/Print Journal ☐ Internet event calendars ☐ Online Discussion Groups ☐ Other

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)

☐ Obstetrics & Gynecology ☐ Endocrinology ☐ Urology ☐ Biochemistry ☐ Neuroscience ☐ Molecular Cell Biology
☐ Oncology ☐ Other (please specify) _____

Participant name **GnRH 2011**

Please indicate your clinical interests (choose up to **two**)

☐ Andropause ☐ Autonomic Nervous System ☐ Biotechnology ☐ Breast cancer ☐ Cancer ☐ Cancer cell biology
☐ CNS ☐ Oncology ☐ Continence ☐ Epidemiology ☐ Epigenomics ☐ Fertility ☐ Genetic aspects ☐ Geriatric aspects
☐ Gynecological aspects ☐ Imaging ☐ Lipid disorders ☐ Medical Oncology ☐ Medicinal Chemistry ☐ Menopause
☐ Metabolic disorders ☐ Neuroimaging ☐ Neurological aspects ☐ Paediatric aspects ☐ Pathobiology ☐ Prostate disorder
☐ Sexual Medicine ☐ Surgical Oncology ☐ Thyroid disorders ☐ Uro-gynaecology
☐ Other (please specify) _____

ACCOMMODATION (*Rates are per room, per night, including breakfast)*

Hotel	Single room	Double room
Radisson Blu Hotel & Conference Centre Salzburg	€125	€148
Ramada Hotel Salzburg City Centre	€ 95	€ 135

RESERVATION:
Reservations will only be confirmed if credit card details are fully supplied; alternatively, please forward a deposit of 1 night payment per room in order to guarantee your accommodation, within 10 working days. Each participant will receive an individual confirmation, indicating the name and address of the hotel. The booking will be final upon receipt of the corresponding deposit.

1st choice hotel: _____ 2nd choice hotel: _____

Type of room required ☐ Single ☐ Double* ☐ Other

Check- In Date_____ Check -Out Date _____ Total night/s_____

* I will share my accommodation with: _____
Family name First Name

PAYMENT

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

Registration Fees Euro _____
Deposit for hotel accommodation Euro _____ (1 night payment)
Total: Euro _____

Option 1: Credit Card: ☐ Visa ☐ MasterCard ☐ American Express

_____ _____ _____
Number Expiry Date (month/year)

_____ _____
Name as shown on card:

Option 2: Bank Transfer - 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.
Payments for Registration - Please make drafts payable to: **GnRh 2011, Salzburg, Austria**, Bank Account: Credit Suisse Bank Geneva, 1211 Geneva 70, Switzerland. Clearing Number: 4835, Bank Account number: 693980-52-249, IBAN number: CH42 0483 5069 3980 5224 9, Swift Code: CRESCHZZ12A.
Payments for Accommodation - Please make drafts payable to: **GnRh 2011, Accommodation, Salzburg** , Bank Account: Credit Suisse Bank Geneva, 1211 Geneva 70, Switzerland. Clearing Number: 4835, Bank Account number: 693980-52-250, IBAN number: CH15 0483 5069 3980 5225 0, Swift Code: CRESCHZZ12A
Bank charges are the responsibility of the participant and should be paid at source in addition to the registration and accommodation fees.

CANCELLATION POLICY – REGISTRATION	CANCELLATION POLICY – HOTEL ACCOMMODATION
All cancellations must be faxed, electronically mailed or post-marked: Refund of registration fees will be as follows: **Cancellations received up to November 5, 2010-full refund less Euro 35 handling fee will be made** **Cancellations received between 6 November to 7 January 2011 - 50% refund will be made** **After 7 January, 2011 - no refunds will be made**	**All changes/cancellations must be received in writing by fax or email to Kenes international. Please do not contact the hotel directly.** **Cancelations/changes received up to 15 days prior to arrival-full refund less Euro 35 handling fee** **Cancelations/changes received 14-10 days prior to arrival -1 night cancellation charge** **Cancelations/changes received less than 10 days prior to arrival –no refund will be made**

Date _____ **Signature** _____

By signing this Form you authorize KENES INTERNATIONAL to charge the above credit card for the balance of your account 3 weeks prior to your arrival for services ordered.