



REGISTRATION FORM

ON-LINE REGISTRATION CAN BE MADE on: www.atherothrombosis-summit.org
 Please use this services OR return this form to:

C.T.I. GmbH
 Am Bärenkamp 33

DEADLINE FOR PRE-REGISTRATION: 31 MAY 2005

D-40589 Düsseldorf

C.T.I. GmbH
 Tel +49 (0)211 75 20 12 - Fax +49 (0)211 75 75 03
 E-mail: info@cti-kongresse.com

<input type="radio"/> Prof. <input type="radio"/> Dr. <input type="radio"/> Mr. <input type="radio"/> Mrs. <input type="radio"/> Ms.		
Family Name	First Name	
Institution	Dept	
Street / No.	Zip / City / Country	
Tel	Fax	E-mail

REGISTRATION FEES							
Before March 31, 2005			€	After March 31, 2005			€
Standard fee (June 16 - 18, 2005)		100 EUR		Standard fee (June 16 - 18, 2005)		130 EUR	
One day ticket	June 16, 2005	50 EUR		One day ticket	June 16, 2005	75 EUR	
One day ticket	June 17, 2005	50 EUR		One day ticket	June 17, 2005	75 EUR	
One day ticket	June 18, 2005	50 EUR		One day ticket	June 18, 2005	75 EUR	
<i>Registrations for students and for AIP are free of charge (please fill in registration form)</i>							€
REGISTRATION FEES				TOTAL: EUR			

HOTEL (ALL RATES PER ROOM/DAY)						
Hotel	Single Room	€	Arrival/Departure	Double Room	€	Arrival/Departure
A – FIRST CLASS	120 EUR		___ - ___ /June/05	140 EUR		___ - ___ /June/05
B – MODERATE FIRST	80 EUR		___ - ___ /June/05	100 EUR		___ - ___ /June/05
C – MIDDLE CLASS	65 EUR		___ - ___ /June/05	75 EUR		___ - ___ /June/05
						€
HOTEL				TOTAL: EUR		

PAYMENT IN EUROS		
m CREDIT CARD <input type="radio"/> VISA <input type="radio"/> Euro/Mastercard	Expiry Date ___ / ___	
N° _____	M M Y Y	
I hereby authorise C.T.I. GmbH to debit or credit this credit card account with the total amount due and any subsequent changes (cancellations, modification fees, no-show charges) to the items booked.		
Cardholder's Name: Cardholder's Signature:		
m BANK TRANSFER (accepted until June 5, 2005 in Euros to C.T.I. GmbH: Bank details: Deutsche Bank Düsseldorf - Bank Code: 300 700 24 - Account Number: 8 617 573 Swift Code: DEUTDE3333030303 - IBAN Code: DE36 300 700 24 0 8 617 573 00 (IBAN code imperative for international bank transfers)		
Amount Date (please attach a copy of your bank transfer)		
m CHEQUE in Euros made payable to the C.T.I. GmbH.		
Number Amount (enclosed)		

I hereby accept the Registration Conditions. Date _____ Signature _____