

## REGISTRATION FORM

### 1. PARTICIPANT'S DETAILS

Prof.  Prof. Dr.  Dr.  Mr  Mrs  Ms ESHRE Member ref. n°: \_\_\_\_\_

First name: \_\_\_\_\_ Family name: \_\_\_\_\_

Department: \_\_\_\_\_

Institute: \_\_\_\_\_

Postal address: \_\_\_\_\_

Postcode: \_\_\_\_\_ City: \_\_\_\_\_

Country: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail participant: \_\_\_\_\_ (mandatory)

Send e-mail confirmation to: \_\_\_\_\_

Please send an e-mail to [sarah.verhasselt@eshre.com](mailto:sarah.verhasselt@eshre.com) in case the invoicing address is different from the participants' address.

### 2. REGISTRATION (please tick appropriate box)

- Members of ESHRE = 150 Euro  
 Non-member = 200 Euro  
 Student members of ESHRE = 70 Euro  
 Student non-members of ESHRE\* = 100 Euro

\* "Student" applies to undergraduate, graduate and medical students, residents and post-doctoral research trainees. A letter from the Head of Department proving the participant's student status must accompany each student registration.

### 3. SOCIAL ACTIVITIES

- I wish to attend the social dinner at the "Papegay" on 10 December 2009  
Fee: 60 Euro x ..... persons = ..... Euro

### 4. PAYMENT (please clearly indicate method of payment)

**PLEASE NOTE! The preferred methods of payment are credit cards or bank transfers. Cheques and bank drafts will not be accepted.**

I have made a bank transfer of ..... Euro to Dexia Private Banking - PA 10 5, Pachecolaan 44, 1000 Brussels, Belgium on ESHRE account number 552-2520902-17 (IBAN BE61 5522 5209 0217 - BIC GKCCBEBB) - please send a copy of the bank statement by fax. Please mark with: name participant

I would like to pay ..... Euro with credit card. Please complete the following information:

- American Express  Eurocard/Mastercard  Visa

If private card: Name: \_\_\_\_\_ Initials: \_\_\_\_\_

If company card: Company name: \_\_\_\_\_

Card number: \_\_\_\_\_

Expiry date: \_\_\_\_\_ (month) \_\_\_\_\_ (year)

**Cancellations:** All cancellations should be made in writing. An administrative fee of 25 Euro will be charged for all cancellations. Cancellations received after 20 November 2009 will not be refunded.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

#### RETURN TO:

ESHRE Central Office, Meerstraat 60, 1852 Grimbergen, BELGIUM  
Tel: +32 2 269 09 69 – Fax: +32 2 269 56 00 – e-mail: [info@eshre.com](mailto:info@eshre.com)