



INDIVIDUAL REGISTRATION FORM

ESPEN 2004 • 11 – 14 SEPTEMBER 2004 • LISBON • PORTUGAL

Please register on line at www.espen.org

PLEASE TYPE OR WRITE IN CAPITALS

Family Name _____ Prof./Dr./Mr./Mrs./Ms

First Name _____

Institution/Organisation/Company _____

Mailing address _____

Postal code _____ City _____ Country _____

Telephone _____ / _____ / _____

Fax _____ / _____ / _____

E-mail _____

Accompanying person(s) name(s) _____

REGISTRATION FEE

PLEASE TICK THE APPROPRIATE BOX – VAT 19% INCLUDED

	Before 8 June 2004	After 8 June 2004
ESPEN Member	<input type="checkbox"/> EUR 360	<input type="checkbox"/> EUR 440
Non Member	<input type="checkbox"/> EUR 455	<input type="checkbox"/> EUR 540
Student *	<input type="checkbox"/> EUR 200	<input type="checkbox"/> EUR 200
Dietitian ESPEN Member	<input type="checkbox"/> EUR 250	<input type="checkbox"/> EUR 300
Dietitian Non Member	<input type="checkbox"/> EUR 300	<input type="checkbox"/> EUR 350
Nurse ESPEN Member	<input type="checkbox"/> EUR 250	<input type="checkbox"/> EUR 300
Nurse Non Member	<input type="checkbox"/> EUR 300	<input type="checkbox"/> EUR 350
Accompanying Person	<input type="checkbox"/> EUR 72	<input type="checkbox"/> EUR 84

*For Students a letter of confirmation from the Head Unit must be sent with the registration form

Subtotal to be paid _____ EUR

SOCIAL PROGRAMME

Welcome Party at the Congress Centre Lisbon (CCL)

Saturday 11 September 2004 between 18.30 and 21.00 (offered)

- I will attend alone
 I will attend with the above registered accompanying person
 I will be unable to attend

ACCOMPANYING PERSON FREE LISBON CITY TOUR

Sunday 12 September 2004 from 09.30 to 13.30

- I will attend
 I will be unable to attend

PAYMENT

I enclose:

Registration Fee(s) EUR _____

Total amount to be paid

EUR

CONDITIONS OF PAYMENT

PLEASE TICK THE APPROPRIATE BOX

Please find attached a copy of my bank transfer, in EURO (€), made payable to:

MCI Suisse SA – ESPEN 2004

UBS SA – CP 2600 – 1211 Geneva 2, Switzerland

Account N° 240-369.393.71L – Clearing 240 – Swift UBSWCHZH12A

IBAN CH18 0024 0240 3693 9371L

Please indicate “free of charge for the receiver account”

By credit card. I authorise MCI Suisse SA to charge my credit card for the total amount indicated above:

American Express

Eurocard / MasterCard

Visa

Cardholder's name: _____

Card number: _____

Expiration date: _____

Signature and date: _____

Remember to state participant name and “ESPEN 2004” on all payments.

CONFIRMATION

- A letter of Confirmation and the relevant receipt will be sent upon receipt of the payment and registration form.
- The confirmation letter should be presented at the Registration Desk in order to receive the Congress documentation and the badge.

CANCELLATION AND REFUNDS

Registration fees

In case of cancellation up to 16 July 2004, deposits will be refunded less EUR 50 for administrative costs. After this date, deposits will not be refundable under any circumstances.

Please fax or mail this form duly completed to:

ESPEN 2004 c/o MCI SUISSE SA

Rue de Lyon 75 – 1211 Geneva 13

Phone: +41 22 33 99 580

Fax: +41 22 33 99 621

E-mail: espenreg@mci-group.com

Remember to make a copy of this form for your own files.