



6th Annual Congress, 30th March – 1st April 2006, Berne, Switzerland

Registration form

First and Family Name: _____

Address: _____

Institute/Hospital/Practice/Business: _____

Zip Code: _____ Town: _____ Country: _____

Phone: _____ Fax: _____

e-mail: _____

Registration fees:

- | | | |
|---|------|-----|
| <input type="checkbox"/> Pre Congress PDT Course, March 30 th 2006: | euro | 320 |
| <input type="checkbox"/> Swiss Fondue-Evening in Gruyères incl. Transportation, March 30 th , 2006 | euro | 70 |
| <input type="checkbox"/> Congress Euro – PDT, March 31 st – April 1 st , 2006 | euro | 390 |
| <input type="checkbox"/> Congress Dinner, March 31 st , 2006 | euro | 75 |

Please note, that all money transfer costs must be covered by you.

Cancellation fee:

Before February 1 st 2006	50% refund
After February 1 st 2006	no refund

Please transfer the amount to:

Berner Kantonalbank BEKB
3001 Berne
account: 16 257 637 337
BIC: KBBECH22
IBAN: CH53 0079 0016 2576 37337

Signature: _____

Date: _____

Please return before February 1st, 2006 to:

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Dermatological University Clinic
Inselspital
CH – 3010 Berne, Switzerland
Fax: +41 31 381'58'15
euro-pdt@insel.ch