



# XXXI<sup>st</sup> INTERNATIONAL CONGRESS

INTERNATIONAL SOCIETY OF BLOOD TRANSFUSION

**JUNE 26 - JULY 1, 2010 - BERLIN, GERMANY**



## REGISTRATION FORM

If you already submitted your registration form via the web site, please do not complete this form.

### PARTICIPANTS

Male /  Female

Family Name \_\_\_\_\_  Prof /  Dr /  Mr /  Ms

First Name \_\_\_\_\_

Company/Institute \_\_\_\_\_

Department \_\_\_\_\_

Address \_\_\_\_\_

Postal Code & City \_\_\_\_\_ Country \_\_\_\_\_

Telephone + \_\_\_\_\_ Telefax + \_\_\_\_\_

E-mail \_\_\_\_\_

### I am:

- |   |   |  |   |
|---|---|--|---|
| <input type="checkbox"/> Chief executive officer                    | <input type="checkbox"/> Lecturer                         | <input type="checkbox"/> Post doctoral fellow                          | <input type="checkbox"/> Scientist (hospital)             |
| <input type="checkbox"/> Blood bank director (hospital)             | <input type="checkbox"/> Management consultant            | <input type="checkbox"/> Production manager                            | <input type="checkbox"/> Scientist (blood service/centre) |
| <input type="checkbox"/> Blood bank director (blood service/centre) | <input type="checkbox"/> Medical student                  | <input type="checkbox"/> Professor                                     | <input type="checkbox"/> Technician                       |
| <input type="checkbox"/> IT manager                                 | <input type="checkbox"/> Nurse                            | <input type="checkbox"/> Quality manager                               | <input type="checkbox"/> Other (please specify): _____    |
| <input type="checkbox"/> Laboratory assistant                       | <input type="checkbox"/> Physician (hospital)             | <input type="checkbox"/> Senior/chief scientist (hospital)             | _____   |
|   | <input type="checkbox"/> Physician (blood service/centre) | <input type="checkbox"/> Senior/chief scientist (blood service/centre) | _____   |

Please tick only 1 position

I am in the age range of:  20-30  31-40  41-50  51-60  61 or above

### ACCOMPANYING PERSON (non-participants)

1. Family Name \_\_\_\_\_ First Name \_\_\_\_\_

SPECIAL DIETARY REQUESTS  Vegetarian  Kosher  Other

### REGISTRATION FEE (please tick the appropriate box)

Registration Category	Payment on or before February 1, 2010	Payment after February 1 on or before June 23, 2010	Payment after June 23, 2010 and on-site
ISBT member* and/or DGTI member**	€ 350.00	€ 400.00	€ 450.00
ISBT membership fee 2010 and Registration fee***	€ 453.00	€ 503.00	€ 553.00
ISBT Non-member	€ 470.00	€ 520.00	€ 570.00
International Physician in training****	€ 200.00	€ 200.00	€ 200.00
Students****	Free	Free	Free
Weekend Ticket <sup>1</sup>	€ 100.00	€ 100.00	€ 100.00
Fortbildungskurs MTA <sup>2</sup>	Free	Free	Free
Fortbildungsveranstaltung Transfusionsverantwortliche und -beauftragte <sup>3</sup>	€ 65.00	€ 65.00	€ 65.00
Accompanying Persons***** (non participants, spouses or family only)	€ 100.00	€ 100.00	€ 100.00

ISBT membership number\* \_\_\_\_\_

DGTI membership number\*\* \_\_\_\_\_

\* For ISBT members who paid the membership fee for 2010, membership number to be provided.  
 \*\* Entity members of DGTI who paid their membership fee for 2010.  
 \*\*\* If you become an ISBT Member you will pay the membership fee for 2010. Please complete the ISBT Membership form as well.  
 \*\*\*\* To be eligible for the Student Fee, the applicant's registration must be accompanied by a letter from the academic institution confirming your student registration.  
 \*\*\*\*\* Accompanying Persons are persons who do not have access to the meeting rooms.  
 \*\*\*\*\* To be eligible for the international physician in training fee, you should provide a certificate of evidence from the Director of your Institute or Hospital.  
<sup>1</sup> Valid for full day programme on Saturday and Sunday incl. Opening Ceremony and Welcome Reception  
<sup>2</sup> Gestattet nur die Teilnahme am deutschsprachigen Fortbildungskurs für MTAs (S25), Dienstag, 29. Juni 2010  
<sup>3</sup> Gestattet nur die Teilnahme an der deutschsprachigen DGTI Fortbildungsveranstaltung für Transfusionsverantwortliche und -beauftragte, Sonntag, 27. Juni 2010

**PLEASE REMEMBER TO MAKE A PHOTOCOPY OF THIS FORM FOR YOUR OWN RECORD.**



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Name Participant \_\_\_\_\_

## SOCIAL PROGRAMME

Date	Number of Persons	Price per Person
<b>Sunday June 27, 2010</b>		
Opening Ceremony and Welcome Reception****	no.: _____	No charge
<b>Monday, June 28, 2010</b>		
1. Videobustour for Accompanying Persons****	no.: _____	No charge
2. City of Design	no.: _____	€ 65.00
5a. SightRunning (start 08.00 hours)	no.: _____	€ 20.00
5b. SightRunning (start 19.00 hours)	no.: _____	€ 20.00
<b>Tuesday June 29, 2010</b>		
1a. Videobustour: The Time Travel Shuttle	no.: _____	€ 30.00
3. World Cultural Heritage: The Isle of Museums	no.: _____	€ 70.00
5c. SightRunning (start 08.00 hours)	no.: _____	€ 20.00
5d. SightRunning (start 19.00 hours)	no.: _____	€ 20.00
6. Excursion to Potsdam (09.00 hours – 14.30 hours)	no.: _____	€ 75.00
<b>Wednesday June 30, 2010</b>		
1b. Videobustour: The Time Travel Shuttle	no.: _____	€ 30.00
4. City Walk: The Magic of Berlin's backyards	no.: _____	€ 35.00
DGTI Morning Run / ISBT Fun Run (start 07.00 hours)	no.: _____	No charge
Congress Banquet	no.: _____	€ 50.00

\*\*\*\* Included in the registration fee for participants and/or accompanying persons

**ALL FEES SHOULD BE MADE IN EURO (€)** **TOTAL €** \_\_\_\_\_

Payment can be effected either:

### By Bank transfer:

To Fortis Bank Amsterdam, The Netherlands, to the attention of ISBT Berlin 2010,  
c/o Eurocongress International, account number: 24.30.76.533  
Swift Code: **FTSBNL2R**, IBAN Number: **NL54 FTSB 024 3076 533**  
The payment transfer should clearly state the name(s) of the participant(s).

### By Credit Card:

Euro/Master Card     American Express     Visa

Charge my Card Number:

Expiration Date:   /   /

Issue Number / CVC Code\*:

*\* last 3 digits on the reverse side of Card and for American Express the last 4 digits on the reverse side of the card*

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

### Please return this form to:

XXXI<sup>st</sup> International Congress of the ISBT, c/o Eurocongress International  
Jan van Goyenkade 11, 1075 HP Amsterdam, The Netherlands – Fax: +31 20 673 7306

**PLEASE REMEMBER TO MAKE A PHOTOCOPY OF THIS FORM FOR YOUR OWN RECORD.**