



XXXth INTERNATIONAL CONGRESS

INTERNATIONAL SOCIETY OF BLOOD TRANSFUSION

JUNE 7 - 12, 2008 – MACAO SAR, CHINA



REGISTRATION FORM

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

PARTICIPANTS

Family Name* _____ Prof / Dr / Mr / Ms

First Name* _____

Company/Instituit _____

Department _____

Address _____

Postal Code & City _____ Country _____

Telephone + _____ Telefax + _____

E-mail ** _____

- I am:**
- | | | | |
|--|--|--|--|
| <input type="checkbox"/> Assistant Director | <input type="checkbox"/> Blood Bank Director | <input type="checkbox"/> Chief Executive Officer | <input type="checkbox"/> Chief Laboratory-assistant |
| <input type="checkbox"/> Commercial/Consultant | <input type="checkbox"/> Director | <input type="checkbox"/> Doctor | <input type="checkbox"/> Export Manager |
| <input type="checkbox"/> Graduate Student | <input type="checkbox"/> Hospital Scientist | <input type="checkbox"/> Internist | <input type="checkbox"/> Managing Director/administrative |
| <input type="checkbox"/> Medical Director | <input type="checkbox"/> Nurse | <input type="checkbox"/> Physician | <input type="checkbox"/> Production Manager |
| <input type="checkbox"/> Professor, Instructor | <input type="checkbox"/> Research Fellow | <input type="checkbox"/> Scientific Director | <input type="checkbox"/> Technical Director, Technician, Analyst |

Please tick only 1 position

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

ACCOMPANYING PERSONS (non-participants)

1. Family Name* _____ First Name* _____

2. Family Name* _____ First Name* _____

* To be printed on name badge

** In order to keep you updated on ISBT and its Congresses, we would appreciate if you could inform us of your e-mail address.

SPECIAL DIETARY REQUESTS Vegetarian Kosher Other _____

REGISTRATION FEE (please tick the appropriate box)

Registration Type	Payment on/before February 1, 2008	Payment from February 1 until May 23, 2008	Payment after May 23, 2008 and on-site
ISBT member* and Chinese Society of Blood Transfusion member**	€ 350.00 no.: _____	€ 400.00 no.: _____	€ 450.00 no.: _____
ISBT Registration and membership***	€ 448.00	€ 498.00	€ 548.00
ISBT Non-member	€ 460.00	€ 510.00	€ 570.00
Accompanying Persons	€ 100.00	€ 100.00	€ 100.00
Students****	€ 200.00	€ 200.00	€ 200.00

* For ISBT members who paid the membership fee for 2008, registration number to be provided.

** For entity members of the Chinese Society of Blood Transfusion who paid the membership fee for 2008, registration number of the entity has to be provided.

*** If you become an ISBT Member you will pay the membership fee for 2008 only. Please complete the ISBT Membership form as well

**** To qualify for the students fee, the applicant's registration form must be accompanied by a letter from the academic institution confirming your student registration.



XXXth INTERNATIONAL CONGRESS

INTERNATIONAL SOCIETY OF BLOOD TRANSFUSION

JUNE 7 - 12, 2008 – MACAO SAR, CHINA



Name Participant _____

EDUCATIONAL PROGRAMME

Chinese Educational Programme Saturday, June 7, 2008

ISBT Educational Programme Sunday, June 8, 2008

SOCIAL PROGRAMME

Date	Number of Persons	Price per Person
Sunday, June 8, 2008 Opening Ceremony and Welcome Reception**	no.: _____	No charge
Monday, June 9, 2008 Macau Orientation Tour for Accompanying Persons**	no.: _____	No charge
Wednesday, June 11, 2008 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, Netherlands, to the attention of ISBT Macau 2008

c/o Eurocongres Conference Management account number: 24.34.45.415

Swift Code: **FTSBNL2R**, IBAN Number: NL06FTSB 0243 4454 15

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 reverse side of Card

* The CVC code for American Express is to be found on the front of the card

Date: _____ Signature: _____

Please return this Form to:

XXXth International Congress of the ISBT

c/o Eurocongres Conference Management

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.