



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 _____

Telefax + _____ Telephone + _____

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

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 or before February 1, 2007	Payment after February 1, until June 1, 2007	Payment after June 1, 2007 and on-site
ISBT member *** or SETS member****	€ 450.00	€ 500.00	€ 550.00
Membership number	no.: _____	no.: _____	no.: _____
Non-member	€ 560.00	€ 610.00	€ 670.00
Accompanying Persons	€ 100.00	€ 100.00	€ 100.00
Students*****	€ 225.00	€ 225.00	€ 225.00

*** For ISBT members provided ISBT membership number is included in the block above.

**** For SETS members provided SETS membership number is included in the block above.

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



XVIIth Regional Congress, Europe

International Society of Blood Transfusion **June 23-27**



Madrid 2007

Name Participant _____

EDUCATIONAL PROGRAMME

- Spanish Educational Day Saturday June 23, 2007
- ISBT Educational Day Sunday June 24, 2007

SOCIAL PROGRAMME

Date	Number of Persons	Price per Person
Sunday June 24, 2007 Opening Ceremony and Welcome Reception **	no.: _____	No charge
Monday June 25, 2007 Madrid Orientation Tour for Accompanying Persons **	no.: _____	No charge
Tuesday, June 27, 2007 Congress Banquet	no.: _____	€ 40.00

** 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 Madrid 2007
 c/o Eurocongres Conference Management account number: 24.34.65.343
 Swift Code: FTBPNL2R, IBAN Number: NL09FTSB0243465343
 The payment transfer should clearly state the name(s) of the participant(s).

By Credit Card:

- Euro/Master/Access Card Charge my Card Number:
- American Express Expiration Date: / /
- Visa Issue Number / CVC Code*:

* last 3 digits on reverse side of Card

Date: _____ Signature: _____

Please return this Form to:

XVIIth Regional Congress, Europe
 c/o Eurocongres Conference Management
 Jan van Goyenkade 11, 1075 HP Amsterdam, Netherlands
 Fax: +31 - 20 673 7306

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