



XXth REGIONAL CONGRESS, ASIA
INTERNATIONAL SOCIETY OF BLOOD TRANSFUSION
NOVEMBER 14 - 18, 2009 - NAGOYA, JAPAN



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/Institute _____

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* _____

Would appreciate if you could inform us of your e-mail address

Accompanying persons will only have access to the exhibition area and the accompanying persons tour, they will not have admission to the scientific sessions.

SPECIAL DIETARY REQUESTS Vegetarian Kosher Other _____

REGISTRATION FEE (please tick the appropriate box)

Registration Category	Payment on or before August 3, 2009	Payment after August 3 on or before October 16, 2009	Payment after October 16, 2009 and on-site
ISBT member *	€ 350.00 no.: _____	€ 400.00 no.: _____	€ 450.00 no.: _____
ISBT membership fee 2009 and Registration fee**	€ 448.00	€ 498.00	€ 548.00
ISBT Non-member	€ 460.00	€ 510.00	€ 560.00
Students***	€ 200.00	€ 225.00	€ 250.00
Accompanying Persons**** (non participants, spouses or family members only)	€ 100.00	€ 100.00	€ 100.00

* For ISBT members who paid the membership fee for 2009, registration number to be provided.

** For people who would like to become ISBT member while registering

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

**** Accompanying Persons are persons who do not have access to the meeting rooms.

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



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Name Participant _____

EDUCATIONAL PROGRAMME

Japanese Educational Day and JSTMCT meeting, Saturday November 14, 2009

ISBT Educational Day, Sunday November 15, 2009

SOCIAL PROGRAMME

Date	Number of Persons	Price per Person
Sunday, November 15, 2009 Opening Ceremony and Welcome Reception *****	no.: _____	No charge
Monday, November 16, 2009 Nagoya City Tour for Accompanying Persons *****	no.: _____	No charge
Tuesday, November 17, 2009 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 Nagoya 2009
 c/o Eurocongress International, account number: 24.30.76.525
 Swift Code: **FTSBNL2R**, IBAN Number: **NL76FTSB0243076525**
 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 4 digits on reverse side of Card

Date: _____ Signature: _____

Please return this form to:

XXth Regional Congress ISBT, Asia
 c/o Eurocongress International
 Jan van Goyenkade 11, 1075 HP Amsterdam, The Netherlands
 Fax: +31 - (0)20 673 7306

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