



15 - 19 September 2010 - Hotel Castagnola - Verbania - Italy

REGISTRATION FORM (1)

PERSONAL DETAILS

Last name:	Male ()	Female ()
First name:	Date of birth:	
Spouse's name (if attending):	Other family member (name):	
Organisation:	Website:	
Address:		
Postal Code:	City:	
Country:		
Phone (Country code, area code, number):		
Fax (Country code, area code, number):		
E-mail:	Mobile:	

TRAVEL

I/we will arrive on	day,	September 2010 by car / train / plane
Estimated time of arrival	Flight number	
I/we will leave on	day,	September 2010

SPECIAL MEAL REQUESTS

Vegetarian ()	Diabetic ()	Other ()
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Please note that participation in all conference activities is at your own risk.

Signature:

Date:

please continue on next page

REGISTRATION IS ONLY VALID AFTER RECEIPT OF PAYMENT AND WHEN IT HAS BEEN CONFIRMED BY CEVMA BY FAX OR E-MAIL!!

IMPORTANT

If you don't receive a written confirmation within two weeks, please contact the CEVMA Office!



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REGISTRATION FORM (2)

ROOM CATEGORIES

- Standard sharing two per room: 440 () I would like to share a room with _____
Spouse reduced rate: 350 ()
Couple 790 ()
Single room: 490 ()

Rates are per person and include conference participation plus four nights' lodging with 3 meals per day. Other family members pay the same rate as spouses, but under-age children (- age 18) will be charged special room-and-board-only rates (Please enquire with the CEVMA Office). However, no child care will be provided. In the event a desired room category is already fully booked, we will inform you of the remaining options, with any residual financial settlement payable (or refundable) after your final selection. For all bookings made after 20 August 2010, please add 25 per person. Deduction per day for stays shorter than the full conference: Standard sharing - 110, Spouse - 85, Couple - 195 and Single - 120,-.

DAY RATE

- Day rate: 75 (including lunch and dinner but no boarding)
() 15 September () 16 September () 17 September () 18 September () 19 September
For all bookings made after 20 August 2010, please add 25 per person.

PAYMENT BY CREDIT CARD

- VISA () Mastercard () Total amount in Euros: _____
Card Number: _____ Exp. date: _____
In the name of: _____
Billing address: _____

PAYMENT BY BANK TRANSFER

- EKK, Frankfurt am Main, Germany. Total amount in Euros: _____
Account number: 4 112 911 - Bank Code: 520 604 10
Account holder: ERF Deutschland e.V.
IBAN: DE48 5206 0410 0004 1129 11 - BIC: GENODEF1EK1.
IMPORTANT: Please put in the comment area 'CEVMA Conference' plus the names of attendees being paid for.

Cancellation charges: before 21 August 2010: 20% / 21 - 31 August 2010: 50% / from 1 September 2010: 70%

**Please mail or fax Registration Forms by return but (to avoid a 25 surcharge) no later than 20 August 2010 to:
CEVMA c/o ERF - Berliner Ring 62 - D-35576 Wetzlar - Germany - Attn.: Annegret Schneider
Phone: +49 6441 957 266 - Fax: +49 6441 957 130 - E-mail: cevma@erf.de**