

PARTICIPANT REGISTRATION FORM ICPM 2008

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1. PERSONAL INFORMATION

Status

Prof. / Dr. / Mr. / Ms. / Mrs

First Name

Last Name

Institution / Affiliation

Department

Position

Nationality

Street

City

Zipcode

State

Country

State

Country code and Telephone nr

Fax

E-mail

Passport (for visa and security)

ADDITIONAL INFORMATION

Special dietary / needs

Other special needs

Show name on participant list

yes / no

ICPM
2008

The 15th International
Conference on Pharmaceutical
Medicine in
Amsterdam The Netherlands

7—10 September 2008

www.icpm2008.org

FAX: 0031 (0)346 250660

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2 FEE SOCIAL EVENT

at Rijksmuseum € 25,00

at Beurs van Berlage € 75,00

Course on Monday (free of charge)

Statistics for non-interventnl. studies

Media Training

Update in Risk-Benefit Analyses

Course on Tuesday (free of charge)

Statistics for non-interventnl. studies

Media Training

Update in Risk-Benefit Analyses

3. ACCOMPANYING PERSON

Name

4. HOTEL RESERVATION

If you have arranged your own
lodging facility, please provide the
name here

Choice of the hotel:

Okura Hotel € 330,00 p.p.p.n.

NH Schiller*

NH Museum Quarter*

NH Caransa*

NH Amsterdam Centre*

Arrival date

Departure date

* The NH - hotelroom will be booked
by our ICPM NH Housing Office.
You will be contacted for further
settlement

(see information on website)

yes / no

yes / no

yes / no

yes / no

yes / no

yes / no

yes / no

yes / no

First:

Family:

(see information on website)

you are accepting our website price.

yes/no

yes/no

yes/no

yes/no

yes/no

(prices between € 175,00 - € 240,00 p.p.p.n)

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5. TOUR RESERVATIONS

(see information on website)

Citytour € 35,00

Date: Time: Persons: 1/2*

Grand Holland Tour € 85,00

Date: Time: Persons: 1/2*

Shopping Night Amsterdam € 27,50

Date: Time: Persons: 1/2*

Windmills & cheese € 21,50

Date: Time: Persons: 1/2*

* 1 or 2 persons

6. COSTS

Conference fee

€1.160,25 incl. 19% VAT

Fee Welcome reception / Gala

Total Hotel Costs OKURA

Total Tour Costs

Total Costs excl. 3,5 / 4,37 CC fee

7. PAYMENT

Type of creditcard

VISA / AMEX / MASTERCARD

Credit Card Number

Holder

Expire Date

Secure Code

7. REMARKS

Registrations can only be confirmed by the secretariat when payments are received.

I Agree with the ICPM terms which can be found on the website. YES

Signature: _____

PLEASE FAX THIS FORM TO: 0031 (0) 346 250660 OR SEND IT TO: TCM, De Corridor 27, 3621 ZA, Breukelen in THE NETHERLANDS

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send your scanned form to: REGISTER@ICPM2008.org