



UPON INVITATION ONLY

REGISTRATION FORM – Special fee

Please return this form to:

PCO TYROL CONGRESS * Rennweg 3 * A-6020 Innsbruck * Austria

Tel: +43/512/575600, Fax: +43/512/575607, e-mail: se2009@come-innsbruck.at

DELEGATE (PLEASE WRITE IN BLOCK CAPITALS)

☐ Mr ☐ Ms Academic title

Last name First name

Organisation / Institution / Company

Department

Address

ZIP code, City

Country

Phone ++ Fax ++

E-Mail

SPECIAL REGISTRATION FEE

☐ € 330,00

WORKSHOPS ON SUNDAY

All workshops take place simultaneously on Sun, April 5 between 9 a.m. and 1 p.m. Please make **sure to register for only one workshop!**

Participation is free for registered participants, but places will be allocated on a first come – first served basis.

<input type="checkbox"/> Workshop 1: SE in the developing brain	free of charge
<input type="checkbox"/> Workshop 2: When to change and when to stop treatment	free of charge
<input type="checkbox"/> Workshop 3: Trial design in SE	free of charge
<input type="checkbox"/> Workshop 4: The use of EEG in diagnosis and treatment of SE	free of charge



HOTEL ACCOMMODATION

The reservation deadline was March 1. We have a few rooms in reserve and will try to find a room for you upon request. However, we cannot guarantee reservation or that the booking can be made in the category you prefer.

☐ Yes, please make a reservation in my name as follows

☐ No, I do not require any hotel reservation

PLEASE NOTE THAT HOTEL RESERVATIONS WILL BE PROCESSED ONLY IF GUARANTEED BY A CREDIT CARD. The credit card serves as a guarantee only and will not be charged unless cancellation fees apply. All expenses have to be paid directly to the hotel. Your reservation can be changed or cancelled free of charge up to March 1, 2009. After this date, a cancellation fee will be charged for cancellations, reductions in the number of nights booked or no-shows (minimum fee 1 night). We reserve the right to pass on your card details to the hotel.

Prices are per night/room, incl. breakfast, service and all taxes

Hotel category	Single room with bath/WC	Double room with bath/WC
Category A	<input type="checkbox"/> € 124.00 to € 140.00	<input type="checkbox"/> € 169.00 to € 185.00
Category B	<input type="checkbox"/> € 92.00 to € 105.00	<input type="checkbox"/> € 124.00 to € 139.00

Arrival date: _____ Departure date: _____

Arrival at the hotel after 6.00 p.m. ☐ Yes, around _____ ☐ no

TERMS OF PAYMENT

Total amount to be paid: € _____

☐ Payment of fees by **bank transfer** to account no.: **430-03.808.888**, Account name: **"SE2009 c/o Congress und Messe Innsbruck GmbH"** with **Raiffeisen Landesbank Tirol**, Branch code: **36000**, BIC: **RZTIAT22**, IBAN: **AT20 3600 0430 0380 8888**

(Please make sure to clearly state the participant's name on the transfer slip. All bank charges have to be borne by the sender. Do not forget to indicate IBAN and BIC.)

☐ I duly authorise you to charge my credit card for payment of the conference fees

☐ I give my credit card details to guarantee for the hotel reservation and acknowledge that it will not be charged unless cancellation fees apply (no hotel reservations will be processed if not guaranteed by a credit card)

Card type:	<input type="checkbox"/> VISA	<input type="checkbox"/> MASTERCARD	<input type="checkbox"/> DINERS
Card number:	_____		Expiry date: _____
Card holder:	_____ Signature: _____		

I hereby understand and agree to the terms and conditions set forth in the programme and on the conference website.

Date: _____

Signature _____

As his supervisor or head of department I confirm that the delegate qualifies for the special fee.

Date: _____

Signature _____