

Registration Form

A. Participant's data:

(Please fill in using block letters to ensure maximum legibility)

Mr / Ms / Dr / Prof _____

Postal Address: _____

Phone/Fax: _____

Email: _____

I suggest adding the
following topic to the
programme: _____

B. Course fee (please tick only one applicable option):

(The fee includes: entrance to the course, syllabus, 1 night from 18/19 September 2009 in a double room shared with other course participant in the course hotel, meals & refreshments during the course).

Date of payment:	Regular Rate	Reduced Rate*
Paid by 30 April 2009	<input type="checkbox"/> 390 €	<input type="checkbox"/> 350 €
Paid from 1 May – 31 July 2009	<input type="checkbox"/> 470 €	<input type="checkbox"/> 430 €
Paid after 31 July 2009**	<input type="checkbox"/> 550 €	<input type="checkbox"/> 500 €

C. Extras (please tick maximum one selection):

Single room charge	<input type="checkbox"/> 30 €	<input type="checkbox"/> 30 €
Double room for exclusive use charge (e.g. if you stay with accompanying person, who is not a course participant)	<input type="checkbox"/> 30 €	<input type="checkbox"/> 30 €
TOTAL AMOUNT TO BE PAID (PLEASE WRITE THE SUM): (Educational activities are VAT-exempted in Poland, no additional taxes)	_____ €	_____ €

D. If you have decided for a shared room, please fill in:

I am: <input type="checkbox"/> male <input type="checkbox"/> female	I am: <input type="checkbox"/> non-smoker <input type="checkbox"/> smoker***
If you know another participant, with whom you would like to share the room, please write his/her name	Name of the person to share the room with you:

The payment should be made to the following account: IBAN: PL 34 1140 2004 0000 3002 3939 4781, BIC: BREXPLPWMBK, beneficiary: Instytut Dermatologii, ul. Lentza 6 M 17, 31-312 Krakow, Poland. Please write the code "PP01" and your name.

In order to ensure the maximum quality of the course, the number of participants is limited to 50 persons.

First come-first served rule applies. *The reduced rate applies to the members of the European Society of Contact Dermatitis (ESCD) and European Academy of Dermatology and Venereology (EADV), as well as to the residents of the following countries: Bulgaria, Bosnia & Herzegovina, Croatia, Czech Republic, Estonia, Georgia, Hungary, Kosovo, Latvia, Lithuania, Macedonia, Montenegro, Poland, Romania, Serbia, Slovakia, Slovenia, Turkey, Ukraine. If taking advantage of any of the reduced rates, you may be asked to provide evidence for the entitlement. **After 31 July 2009, please check the availability of places before sending your registration fee. ***A non-smoking policy has been adopted for the entire course. The number of rooms for smokers in the hotel is very limited. If not available, smoking participants will be placed in non-smoking rooms. If you would like to book additional nights before or after the course, please contact the reception of the Hotel Chopin: Phone: +48 12 299 00 00, Fax: +48 12 299 00 01; E-Mail: info@chopinhotel.com, Web: www.chopinhotel.com. Should you have any problem with additional booking, please feel free to ask us for assistance.

I accept the above conditions (date & signature): _____

Please send this Registration Form to:

Instytut Dermatologii, ul. Wladyslawa Lokietka 294 A, 31-334 Krakow, Poland,
or fax to +48 12 416 62 62, or send respective information by email to: kursy @ InstytutDermatologii. pl

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