

**6th Clinical Epigenetics Society (CLEPSO) International Meeting:
March 3rd-4th, 2016, Düsseldorf, Germany**

REGISTRATION FORM

Regular PARTICIPANT

Date : _____

Surname: _____ First Name(s): _____
 Title(s): _____ Institution: _____
 Tel. N°: _____ Street: _____
 Fax N°: _____ City / Post Code: _____
 e-mail: _____ Country: _____

ACCOMPANYING PERSON(s) **STUDENT(s)** Place cross in appropriate box

Surname: _____ First Name(s): _____
 Surname: _____ First Name(s): _____

The registration fees are indicated below and can be paid in Euros or the equivalent in US\$. The registration fee includes a reception on Thursday, March 3rd 2016, 1 coffee break and dinner on March 3rd, and 2 coffee breaks and lunch on Friday 4th at the Düsseldorf City Hostel, Düsseldorfer Str. 1, D-40545 Düsseldorf
 Tel: ++49 (0)211 557310; Fax: ++49 (0)211 572513; duesseldorf@jugendherberge.de

Payment of the registration fee can be made either:

A) by PayPal as indicated on our homepage at <http://www.clinical-epigenetics-society.org/registration>

B) by check (all checks must be received by March 3rd 2016 at the latest) enclosed with the Registration Form and made payable to: **BiomedAkademie (Ref. CLEPSO Meeting 2016)**

C) by bank transfer to: BiomedAkademie (Ref. CLEPSO Meeting 2016),
 Rosenauer Weg 6, D-72076 Tübingen.
 "Ref. CLEPSO Meeting 2016", through the following bank :

DAB-Bank -Account N°: 8351363000 – Ref. CLEPSO Meeting 2016, BLZ: 701 204 00
IBAN: DE73701204008351363000 - BIC (Bank Identification Code): DABDEM3333

Note: If you pay by bank transfer please send a copy of the transfer order to:
CLEPSO-Meeting@clinical-epigenetics-society.org

| | <u>N° of persons</u> | <u>Taxes included</u> | <u>TOTAL</u> |
|---|----------------------|-----------------------|--------------|
| Active Participants (on or before January 31 st , 2016) | _____ | x 390 Euros = | _____ |
| Active Participants (after January 31 st , 2016) | _____ | x 440 Euros = | _____ |
| Student Participants (on or before January 31 st , 2016) | _____ | x 220 Euros = | _____ |
| Student Participants (after January 31 st , 2016) | _____ | x 270 Euros = | _____ |
| Accompanying Person (on or before January 31 st , 2016) | _____ | x 220 Euros = | _____ |
| Accompanying Persons (after January 31 st , 2016) | _____ | x 270 Euros = | _____ |
| | | TOTAL = | _____ |

Surname: _____ First Name(s): _____
 Address: _____

I enclose herewith /I have sent directly by bank draft/ the sum of Euros /or the equivalent in US\$/ to cover the registration fee(s) for an active participant /and accompanying person(s)/ to attend the "Clinical Epigenetics Society (CLEPSO Meeting 2016). / Delete where not valid /

Please complete this form and send to: Clinical Epigenetics Society Int. Meeting 2016, by either :

Fax : ++49 (0)212-705 12152 or e-mail : CLEPSO-Meeting@clinical-epigenetics-society.org