

**7th Clinical Epigenetics Society (CLEPSO) International Meeting:
March 9th-10th, 2017, 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 9th 2017, 1 coffee break and dinner on March 9th, and 2 coffee breaks and lunch on Friday 10th, 2017 at the Düsseldorf City Hostel, Düsseldorf 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 9th 2017 at the latest) enclosed with the Registration Form and made payable to: **BiomedAkademie (Ref. CLEPSO Meeting 2017)**

C) by bank transfer to: BiomedAkademie (Ref. CLEPSO Meeting 2017),
 Steinaeckerstr. 31, D-72074 Tübingen.
 "Ref. CLEPSO Meeting 2017", through the following bank :

**ING-DiBa -Account N°: 5420194773; Ref. CLEPSO Meeting 2017, BLZ: 500 105 17
 IBAN: DE29500105175420194773; BIC (Bank Identification Code): INGDDEFFXXX**

Note: If you pay by bank transfer please send a copy of the transfer order to:

e-mail : clinical-epigenetics-society@gmx.de

	<u>N° of persons</u>	<u>Taxes included</u>	<u>TOTAL</u>
Active Participants (before December 31 st , 2016)	_____	x 390 Euros =	_____
Active Participants (after December 31 st , 2016)	_____	x 440 Euros =	_____
Student Participants (before December 31 st , 2016)	_____	x 220 Euros =	_____
Student Participants (after December 31 st , 2016)	_____	x 270 Euros =	_____
Accompanying Person (before December 31 st , 2016)	_____	x 220 Euros =	_____
Accompanying Persons (after December 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 2017). / Delete where not valid /

Please complete this form and send to: Clinical Epigenetics Society Int. Meeting 2017, by either :

Fax : ++49 (0)212-705 12152 or e-mail : clinical-epigenetics-society@gmx.de