

Clinical Epigenetics Society (CLEPSO) International Meeting:

March 11th-12th, 2011, Homburg/Saar, Germany

REGISTRATION FORM

ACTIVE 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 Friday, March 11th 2011, lunch, 1 coffee break and dinner on Friday 11th, and breakfast, 2 coffee breaks and lunch on Saturday 12th and 1 night accommodation at the Schlossberghotel Homburg.

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 enclosed with Registration Form A and made payable to :
Clinical Epigenetics Society (International Meeting, Homburg)

C) by bank transfer to: Clinical Epigenetics Society, c/o José Carreras Research Center,
Kirrberger Str., Bldg. 45.3, D-66421 Homburg/Saar, Germany.
"Clinical Epigenetics Society International meeting", through the following bank :

KREISSPARKASSE SAARPFALZ -Account N°: 1011702840- Clinical Epigenetics Society Int. Meeting
IBAN: **DE 87 59450010 1011702840** - BIC (Bank Identification Code): **SALADE51HOM**

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 (before January 21 st , 2011)	_____	x 350 Euros =	_____
Active Participants (after January 21 st , 2011)	_____	x 400 Euros =	_____
Student Participants (before January 21 st , 2011)	_____	x 230 Euros =	_____
Student Participants (after January 21 st , 2011)	_____	x 250 Euros =	_____
Accompanying Persons (before January 21 st , 2011)	_____	x 230 Euros =	_____
Accompanying Persons (after January 21 st , 2011)	_____	x 250 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 (International Meeting, Homburg, March 11th-12th 2011). / Delete where not valid /
Please complete this form and send to: Clinical Epigenetics Society Int. Meeting 2011, by either :
Fax : ++49-(0)6841-1623092 or e-mail : CLEPSO-Meeting@clinical-epigenetics-society.org